

Foster Family Home - Corrective Action Report

Provider ID: 1-622474

Home Name: Jhoan Acosta, CNA

Review ID: 1-622474-5

1922 Lohilani Street

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 4/28/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment

6.(d)(1)- Home visit for a 3 person CCFFH recertification review made on 4/28/2020. Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager

4/28/20
Date


Primary Care Giver

4/28/2020
Date