

Foster Family Home - Corrective Action Report

Provider ID: 1-210037

Home Name: Wilma Farinas, CNA

Review ID: 1-210037-1

16-A Cypress Avenue

Reviewer: David Ayling

Wahiawa HI 96786


Begin Date: 5/5/2021

Foster Family Home	Required Certificate	[11-800-6]
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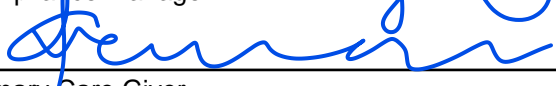
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

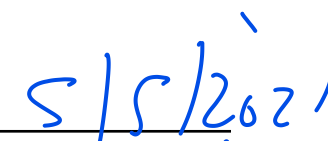
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.




Compliance Manager



Primary Care Giver



Date



Date