

## Foster Family Home - Corrective Action Report

Provider ID: 1-150043

Home Name: Santiago Estelita, CNA

94-1104 Kahuamo St.

Waipahu HI 96797

Review ID: 1-150043-1

Reviewer: [REDACTED]

Begin Date: 9/16/2015

End Date: 9/16/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 9/17/2015 for initial certification of caregiver transfer from one spouse to the other. All review requirements met at time of visit. New PCG aware of process of getting approved by Ohana Medicaid before the transfer can occur.

[REDACTED]  
Compliance Manager

*Santiago Estelita J*  
Primary Care Giver

9/17/15  
Date

9/17/15  
Date