

Foster Family Home - Corrective Action Report

Provider ID: 1-583238

Home Name: Elizabeth Etrata, CNA

Review ID: 1-583238-3

94-706 Kaaoki Place

Reviewer:

Waipahu HI 96797

Begin Date: 10/20/2015

End Date: 10/20/15

Foster Family Home

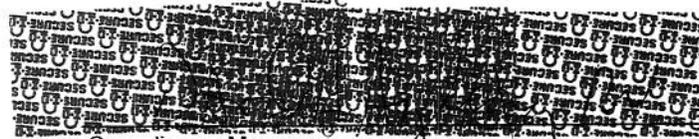
Required Certificate

[17-1454-6]

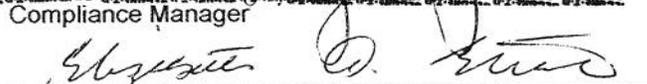
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 10/20/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager


Primary Care Giver

10/20/15
Date

10/20/15
Date