

Foster Family Home - Corrective Action Report

Provider ID: 1-512344

Home Name: Estrelita Caramancion, CNA

Review ID: 1-512344-3

94-727 Kuhaulua Place

Reviewer:

Waipahu HI 96797

Begin Date: 7/31/2015

End Date: 7/31/15

Foster Family Home

Required Certificate

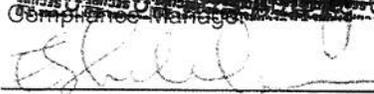
[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 7/31/15. PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.





Primary Care Giver

7/31/15
Date

7/31/15
Date