

# Foster Family Home - Corrective Action Report

Provider ID: 1-622268

Home Name: Lydia Estelita, RN

Review ID: 1-622268-3

94-1104 Kahuamo Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 1/9/2015

End Date: 1/9/15

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 1/9/15.  
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Dr. A. Aguiar RN  
Compliance Manager

1/9/15  
Date

Lydia Estelita  
Primary Care Giver

1/9/2015  
Date