

Foster Family Home - Corrective Action Report

Provider ID: 5-110021

Home Name: Teresita Cummings, CNA

Review ID: 5-110021-5

991 Manako Place

Reviewer:

Hawaii HI 96746

Begin Date: 12/10/2015

End Date: 12/11/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 12/10/15.

No Corrective Action Report issued during home visit. CCFFH will receive a one year due to exemption

(d)(1) - see applicable sections of the review



Compliance Manager

Teresita A. Cummings
Primary Care Giver

12/10/15
Date

12-10-15
Date