

Foster Family Home - Corrective Action Report

Provider ID: 1-563793

Home Name: Estrella Casiano, CNA

Review ID: 1-563793-3

2514 Notley Street

Reviewer:

Honolulu HI 96819

Begin Date: 2/2/2016

End Date: 2/2/16

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 2/2/16.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

2/2/16

Date