

# Foster Family Home - Corrective Action Report

Provider ID: 1-559057

Home Name: Julieta Cambe, CNA

Review ID: 1-559057-5

94-482 Alapine Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/20/2016

End Date: 1/20/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted 1/20/2016 for recertification of three client CCFFH. All requirements met at time of review. Two year certification issued.

Compliance Manager

Julieta C. Cambe  
Primary Care Giver

1/20/2016

Date

1/20/2016

Date