

## Foster Family Home - Corrective Action Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-4

634 Kulia Street

Reviewer:

Wahiawa HI 96786

Begin Date: 6/8/2016

End Date:

6/14/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 2 client CCFFH [REDACTED] No corrective action report issued during review.