

Foster Family Home - Corrective Action Report

Provider ID: 1-150063

Home Name: Flordeliza S. Onaga, CNA

Review ID: 1-150063-2

94-1209 Henoeka St.

Reviewer:

Waipahu HI 96797

Begin Date: 8/4/2016

End Date: 8/21/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 8/4/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Flordeliza S. Onaga

Primary Care Giver

Date

8/4/2016

Date