

Foster Family Home - Corrective Action Report

Provider ID: 1-510728
Home Name: Esmeralda Laxamana, CNA Review ID: 1-510728-4
94-472 Kuahul Street Reviewer:
Waipahu HI 96797 Begin Date: 11/21/2016 End Date: 11/21/16

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 2 person CCFFH recertification review made on 11/21/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager
Arbida A. Laxamana

Primary Care Giver

Date
11/21/16

Date