

Foster Family Home - Corrective Action Report

Provider ID: 1-559370

Home Name: Belma Wangit, CNA

Review ID: 1-559370-3

4314 Keaka Drive

Reviewer:

Honolulu

HI 96818

Begin Date: 9/8/2016

End Date: 9/8/16

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 CCFFH recertification review made on 9/8/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Belma Wangit

Primary Care Giver

Date

9/8/16

Date