

Foster Family Home - Corrective Action Report

Provider ID: 1-120016

Home Name: Wilhelmina Botelho, CNA

Review ID: 1-120016-5

94-570 Niulii Street

Reviewer:

Waipahu

HI 96797

Begin Date: 11/29/2016

End Date: 11/30/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 3 person CCFFH recertification review made on 11/29/2016. Home is in compliance with all requirements. Home will receive a 2 year 3 bed recertification.

Compliance Manager



Primary Care Giver

Date

11/29/16

Date