

Foster Family Home - Corrective Action Report

Provider ID: 1-512344

Home Name: Estrelita Caramacion, CNA

Review ID: 1-512344-4

94-727 Kuhaulua Place

Reviewer:

Waipahu HI 96797

Begin Date: 1/30/2017

End Date:

1/30/17

Foster Family Home Required Certificate

117-1454.61

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/30/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

1/30/17

Date