

Foster Family Home - Corrective Action Report

Provider ID: 1-597841

Home Name: Elena Etrata, CNA

Review ID: 1-597841-8

1698 Kino St.

Reviewer: [REDACTED]

Honolulu HI 96819

Begin Date: 4/27/2017

End Date: 4/27/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

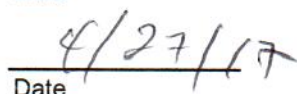
Home visit for a 3 person CCFFH recertification review made on 4/27/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date