

# Foster Family Home - Corrective Action Report

Provider ID: 1-563933

Home Name: Elenita Vitug, CNA

Review ID: 1-563933-5

91-763 Kilipoe Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 5/2/2017

End Date: 5/2/17

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 2 person CCFFH recertification review made on 5/2/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

5-2-17

\_\_\_\_\_  
Date