

Foster Family Home - Corrective Action Report

Provider ID: 1-599946

Home Name: Carmenchu Cortez, CNA

Review ID: 1-599946-5

94-885 Kaaholo Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/23/2017

End Date: 3/23/17

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 3/23/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Cherry

Primary Care Giver

Date

3/23/17

Date