

Foster Family Home - Corrective Action Report

Provider ID: 1-170035

Home Name: Christy Soriano, NA

Review ID: 1-170035-1

94-296 Kahualena St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 7/10/2017

End Date: 7/10/2017

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 new 2 bed CCFFH certification survey. All items are in compliance. Home will receive a 1 year 2 bed certification.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

7-10-17
Date

7/10/17
Date