

Foster Family Home - Corrective Action Report

Provider ID: 1-583402

Home Name: Emma Banaticla, CNA

Review ID: 1-583402-6

94-359 Honowai Street, Unit A

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 7/13/2017

End Date: 7/13/2017

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 2 bed CCFFH recertification survey.
Home was in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

7-13-2017

Date

07-13-2017

Date