

Foster Family Home - Corrective Action Report

Provider ID: 1-120031

Home Name: Estelita Batoon, CNA

Review ID: 1-120031-4

94-464 Kupuna Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/19/2017

End Date:

4/19/17

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 4/19/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Estelita V. Batoon

Primary Care Giver

Date

4/19/17

Date