

Foster Family Home - Corrective Action Report

Provider ID: 1-100007

Home Name: Marivel Billete, CNA

Review ID: 1-100007-8

91-1031 Makaike St.

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 8/2/2017

End Date: 8/2/2017

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 3 person CCFFH recertification survey. Home is in compliance with all requirements. Home will receive a 2 year 3 person certificate.

Carrie Wakai
Compliance Manager

Marivel Billete
Primary Care Giver

8/02/17
Date

8/02/17
Date