

Foster Family Home - Corrective Action Report

Provider ID: 1-613613

Home Name: Remedios Onigama, NA

92-691 Welo St.

Kapolei HI 96707

Review ID: 1-613613-8

Reviewer: Carrie Wakai

Begin Date: 2/28/2017

End Date: 2/28/2017

Foster Family Home Required Certificate

[17-1454-8]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/28/2017.

6(d)(1)-see applicable sections of the review.

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Remedios Onigama

Primary Care Giver

Date

2/28/17

Date