

# Foster Family Home - Corrective Action Report

Provider ID: 1-170021

Home Name: Steeven Pineda, CNA

92-485 Awawa St.

Kapolei HI 96707

Review ID: 1-170021-1

Reviewer: Carrie Wakai

Begin Date: 6/14/2017

End Date: 6/15/17

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. No plan of corrective required. Home is eligible for a 2 bed 1 year certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

06/14/17  
\_\_\_\_\_  
Date