

# Foster Family Home - Corrective Action Report

Provider ID: 1-562042

Home Name: Wilma Cauton, CNA

Review ID: 1-562042-4

94-295 Kahuanani Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 7/20/2017

End Date: 7/20/2017

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 bed CCFFH recertification survey. .  
Home is in compliance with all requirements. Home is eligible for a 3 bed 2 year certification.

*Carrie Wakai*

Compliance Manager

*Wilma F. Cauton*

Primary Care Giver

*7-20-17*

Date

*7-20-2017*

Date