

Foster Family Home - Corrective Action Report

Provider ID: 1-510562

Home Name: Adeline Caraang, CNA

91-976 Fort Weaver Road

Ewa Beach

HI

96706

Review ID: 1-510562-4

Reviewer: David Ayling

Begin Date: 9/5/2017

End Date:

9/5/17

Foster Family Home

Required Certificate

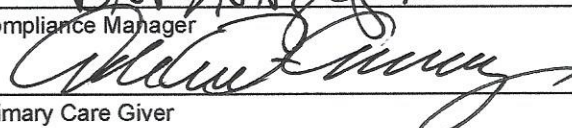
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFH recertification review made on 9/5/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

9/5/17
Date

9/5/17
Date