

Foster Family Home - Corrective Action Report

Provider ID: 1-100115

Home Name: Athena Orden, CNA

94-210 Lelehua Place

Waipahu HI 96797

Review ID: 1-100115-7

Reviewer: Carrie Wakai

Begin Date: 2/27/2017

End Date: 4/28/2017

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 CCFFH environmental review made on 2/27/2017. Home is in compliance with all environmental requirements. Move letter given with a move in date of 3/1/2017.

Compliance Manager

Primary Care Giver

Date

2.27.17

Date