

Foster Family Home - Corrective Action Report

Provider ID: 1-511916

Home Name: Cecilia Naboa, CNA

Review ID: 1-511916-4

98-340 Pono Street

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 9/18/2017

End Date: 9/18/2017

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 2 person CCFH certification survey. Home is in compliance with all requirements. Home will receive a 2 person 2 year certificate.

Carrie Wakai

Compliance Manager

Cecilia Naboa

Primary Care Giver

9-18-17

Date

09-18-2017

Date