

Foster Family Home - Corrective Action Report

Provider ID: 1-120060

Home Name: Edsa Almazan, CNA

Review ID: 1-120060-4

94-295 Loaa Street

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 9/1/2017

End Date:

9/01/2017

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 bed CCFFH recertification survey.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Carrie Wakai

Compliance Manager

Edsa Almazan

Primary Care Giver

9-1-2017

Date

9/1/17

Date