

Foster Family Home - Corrective Action Report

Provider ID: 1-591083

Home Name: Rosa Ishihara, CNA

Review ID: 1-591083-4

94-205 Paiwa Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/1/2017

End Date:

9/1/2017

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 client CCFFH certification survey.
Home was in compliance with all required items. Home will receive a 2 year 3 bed certificate.

Carrie Wakai
Compliance Manager

Rosa Ishihara
Primary Care Giver

9-1-2017
Date

9-1-17
Date