

Foster Family Home - Corrective Action Report

Provider ID: 1-509961

Home Name: Welma Abanto, CNA

Review ID: 1-509961-4

94-1048 Awalai Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/7/2017

End Date: 9/7/2017

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

Carrie Wakai RN

Compliance Manager

Welma Abanto

Primary Care Giver

9/7/17

Date

9/7/17

Date