

Foster Family Home - Corrective Action Report

Provider ID: 1-562670

Home Name: Juanito Castanaga, CNA

Review ID: 1-562670-6

94-968 Lumimoe Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/25/2017

End Date: 9/25/2017

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 CCFFH recertification survey. Home is in compliance with all requirements. Home will receive a 1 year certificate.

Carrie Wakai
Compliance Manager

Juanito Castanaga
Primary Care Giver

9/25/17
Date

9/25/17
Date