

Foster Family Home - Corrective Action Report

Provider ID: 1-582248

Home Name: Ma Lourmalee Asuncion, CNA

Review ID: 1-582248-5

98-544 Kaamilo Street

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 9/13/2017

End Date: 9/13/2017

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 requirements. Home will receive a 2 year 3 bed certificate.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

9-13-17
Date

9-13-17
Date