

Foster Family Home - Corrective Action Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA

Review ID: 1-160081-2

98-073 Lokowai st.

Reviewer: Carrie Wakai

Aiea

HI 96701

Begin Date: 9/20/2017

End Date: 9/20/2017

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 items. Home will receive a 2 year 2 bed certification.

Carrie Wakai
Compliance Manager

9-20-17
Date

[Signature]
Primary Care Giver

09/20/17
Date