

Foster Family Home - Corrective Action Report

Provider ID: 1-150063

Home Name: Flordeliza S. Onaga, CNA

Review ID: 1-150063-3

94-1209 Henoeka St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 10/23/2017

End Date:

10/23/2017

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 requesting to increase to a 3 person home. Home is in compliance with all requirements and will receive a 1 year 3 person certification.

Carrie Wakai
Compliance Manager

Flordeliza S. Onaga
Primary Care Giver

10/23/17
Date

10/23/2017
Date