

Foster Family Home - Corrective Action Report

Provider ID: 1-561747

Home Name: Grace Sacramento, CNA

Review ID: 1-561747-5

94-526 Pilimai Street

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 10/4/2017

End Date: 10/04/2017

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 person CCFH recertification survey. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Carrie Wakai m
Compliance Manager

[Signature]
Primary Care Giver

10-4-17
Date

10/4/17
Date