

# Foster Family Home - Corrective Action Report

Provider ID: 1-599590

Home Name: Lucrecia Umagat, CNA

Review ID: 1-599590-5

84-549 Nukea Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 10/10/2017


End Date: 10/10/17

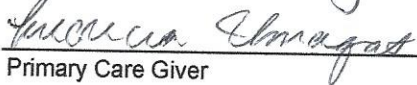
Foster Family Home Required Certificate [17-1454-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

Home visit for a 3 person CCFFH recertification review made on 10/10/17. Home in compliance with all requirements. PCG requests to decrease to a 2 client CCFFH. Home will receive a 2 year 2 bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date