

Foster Family Home - Criteria Report

Provider ID: 1-170072

Home Name: Elizabeth Etrata, R.N.

Review ID:

94-1104 Hiapo St.,

Reviewer: Carrie Wakai

Waipahu

HI

96797

Begin Date: 12/06/2017

End Date: 12/06/2017

Foster Family Home	Required Certificate	[17-1454-6]
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6.(b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d) To be certified as a community care foster family home, a person, agency, or organization shall:

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

6.(d)(2) Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: 6.(d)(1)- Home visit made for a new 2 person CCFH certification survey. Home met all compliance requirements at the time of the home visit. No corrective action required. Home will receive a 1 year 2 bed certificate.

Carrie Wakai RN

 Compliance Manager

12/6/17

 Date

Etrata

 Primary Care Giver

12/6/17

 Date