

# Foster Family Home - Corrective Action Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-1

94-706 Kalae Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/21/2017

End Date: 11/21/2017

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 client, change of PCG CCFFH certification survey.  
Home is in compliance with all requirements. Home will receive a 1 year 2 client certificate.

*Carrie Wakai RN*

Compliance Manager

*9/21/17*

Date

*[Signature]*

Primary Care Giver

*9/21/17*

Date