

Foster Family Home - Corrective Action Report

Provider ID: 1-170058

Home Name: Felipa Genetiano

Review ID: 1-170058-1

1305 Nakuina Street

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 10/27/2017

End Date: 10-27-2017

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 new 2 client CCFFH certification survey. Home was in compliance with all requirements. Home will receive a 1 year 2 client certification.

Carrie Wakai
Compliance Manager

10-27-2017
Date

Felipa
Primary Care Giver

10-27-2017
Date