

Foster Family Home - Corrective Action Report

Provider ID: 1-090124

Home Name: Marites Fiesta, CNA

Review ID: 1-090124-6

94-1260 A Peke Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 10/30/2017

End Date: 10/30/2017

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 was in compliance with all requirements. Home will receive a 2 year 3 person certificate.

Carrie Wakai MD
Compliance Manager

10/30/17
Date

Marites A. Fiesta
Primary Care Giver

10/30/17
Date