

Foster Family Home - Corrective Action Report

Provider ID: 1-170054

Home Name: Mayrose Abadilla

Review ID: 1-170054-1

94-992 Kualua Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/28/2017

End Date: 09-28-2017

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

Carrie Wakai (w)

Compliance Manager

9/28/2017

Date

[Signature]

Primary Care Giver

09/28/2017

Date