

Foster Family Home - Corrective Action Report

Provider ID: 1-512360

Home Name: Margarita Aquino, CNA

Review ID: 1-512360-5

94-106 Poailani Circle

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 12/29/2017

End Date: 12/29/2017

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 CCFFH recertification survey. Home was in compliance with all requirements. Home will receive a 2 year 3 person certification.

Carrie Wakai

Compliance Manager

Margarita Aquino

Primary Care Giver

12-29-17

Date

12-29-2017

Date