

Foster Family Home - Corrective Action Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

1765 Kalaepaa Drive

Honolulu HI 96819

Review ID: 1-140046-4

Reviewer: Carrie Wakai

Begin Date: 12/27/2017

End Date: 12-27-2017

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 an increase to 3 client CCFFH re-certification survey.
Home was in compliance with all requirements. Home will receive a 1 year 3 client certificate.

Carrie Wakai RN

Compliance Manager

Orlina Barrientos

Primary Care Giver

12-27-17

Date

12-27-17

Date

12/27/2017 18:54 PM