

Foster Family Home - Corrective Action Report

Provider ID: 1-563793

Home Name: Estrella Casiano, CNA

Review ID: 1-563793-4

2514 Notley Street

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 2/28/2018

End Date: 2/28/2018

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.

Carrie Wakai

Compliance Manager

Carrie Wakai

Primary Care Giver

2/28/18

Date

2/28/18

Date