

Foster Family Home - Corrective Action Report

Provider ID: 1-150049

Home Name: Jomar M. Espiritu, CNA

Review ID: 1-150049-4

94-392 Kuahui St.

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 3/2/2018

End Date: 3/2/2018

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 client CCFFH recertification survey. Home is in compliance with all requirements and will receive a 2 year 3 client certification.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

3/2/18
Date

3/2/18
Date