

# Foster Family Home - Corrective Action Report

Provider ID: 1-559057

Home Name: Julieta Cambe, CNA

Review ID: 1-559057-6

94-482 Alapine Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 1/15/2018

End Date: 1/15/2018

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. Home will receive a 2 year 3 client certification.

Carrie Wakai RN

Compliance Manager

Julieta C. Cambe

Primary Care Giver

1/15/18

Date

1/15/18

Date