

Foster Family Home - Corrective Action Report

Provider ID: 1-579584

Home Name: Poblezita Villator, CNA

Review ID: 1-579584-3

91-941 Kalapu St.

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 1/17/2018

End Date: 1/17/2018

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

Carrie Wakai RN
Compliance Manager

1-17-2018
Date

Poblezita J. Villator
Primary Care Giver

1-17-2018
Date