

Foster Family Home - Corrective Action Report

Provider ID: 1-170079

Home Name: Rachel Salva

Review ID: 1-170079-1

91-1009 Pailani Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 1/26/2018

End Date: 1/26/2018

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 new 2 bed CCFFH certification survey. Home was in compliance with all requirements. Home will receive a 1 year 2 bed certification.

Carrie Wakai
Compliance Manager

Rachel Salva
Primary Care Giver

1/26/2018
Date

Jan. 26, 2018
Date