

Foster Family Home - Corrective Action Report

Provider ID: 1-562860

Home Name: Rowena Caoili, CNA

Review ID: 1-562860-6

99-307 Eke Place

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 1/19/2018

End Date: 1/19/2018

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 bed certificate.

Carrie Wakai
Compliance Manager

Rowena Caoili
Primary Care Giver

1/19/18
Date

1/19/18
Date