

Foster Family Home - Corrective Action Report

Provider ID: 1-110012

Home Name: Violeta Fiesta, CNA

Review ID: 1-110012-10

91-965 Kuhina St

Reviewer: Carrie Wakai

Ewa Beach

HI 96706

Begin Date: 1/8/2018

End Date: 1/08/2018

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 for a 3 person CCFFH recertification survey. Home was in compliance with all requirements. Home will receive a 3 client 2 year certification.

Carrie Wakai

Compliance Manager

Violeta V. fiesta

Primary Care Giver

1/8/18

Date

1/8/18

Date