

# Foster Family Home - Corrective Action Report

Provider ID: 1-620551

Home Name: Christine Oliveros, CNA

Review ID: 1-620551-8

94-917 Kuhaulua Street #A

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 3/21/2018

End Date: 3/21/2018

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 client CCFFH recertification survey. Home was in compliance with all requirements.

Carrie Wakai RN  
Compliance Manager

Christine Oliveros  
Primary Care Giver

3/21/2018  
Date

3/21/2018  
Date