

Foster Family Home - Corrective Action Report

Provider ID: 1-130048

Home Name: Imelda Vea, CNA

Review ID: 1-130048-5

94-462 Alpine Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 3/22/2018

End Date: 3/22/2018

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 request to increase to a 3 client CCFFH. Home met all requirements and will receive a 1 year 3 client certificate.

Carrie Wakai RN
Compliance Manager

Imelda A. Vea
Primary Care Giver

3/22/18
Date

3/22/18
Date