

Foster Family Home - Corrective Action Report

Provider ID: 1-110061

Home Name: Necita Chaffin, CNA

Review ID: 1-110061-7

94-239 Maealani Place

Reviewer: Carrie Wakai

Mililani HI 96789

Begin Date: 3/26/2018

End Date: 3/26/2018

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 person CCFFH certification survey.

Home was in compliance with all requirements. Home will receive a 1 year 2 client certification.

Carrie Wakai RW

Compliance Manager

NECITA E. CHAFFIN

Primary Care Giver

3-26-2018

Date

MARCH 26-18

Date