

# Foster Family Home - Corrective Action Report

Provider ID: 1-140005

Home Name: Shiela Marie Dupra, CNA

Review ID: 1-140005-4

94-314 Hilihua Way

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/5/2018

End Date: 3/5/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 3/5/18. PCG requests to increase to a 3 client CCFFH.  
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

David Ayling RV  
Compliance Manager

Shiela Marie Dupra  
Primary Care Giver

3/5/18  
Date

3/5/18  
Date