

Foster Family Home - Corrective Action Report

Provider ID: 1-583486

Home Name: Annabelle Banez, CNA

Review ID: 1-583486-5

98-183 Pahemo Street

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 5/24/2018

End Date: 5/24/2018

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
Compliance Manager

[Signature]
Primary Care Giver

5/24/2018
Date

5/24/18
Date