

# Foster Family Home - Corrective Action Report

Provider ID: 1-512485

Home Name: Editha Acupido, CNA

Review ID: 1-512485-5

94-728 Kalae Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/13/2018

End Date: 6/13/2018

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

*Carrie Wakai*

Compliance Manager

*Editha P. Acupido*

Primary Care Giver

*06-13-2018*

Date

*06-13-2018*

Date