

# Foster Family Home - Corrective Action Report

Provider ID: 1-100081

Home Name: Elena Sarte, CNA

Review ID: 1-100081-4

94-131 Awaia Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/31/2018

End Date: 5/31/18

Foster Family Home Required Certificate

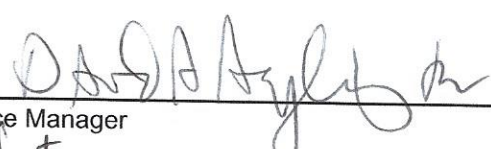
[17-1454-6]

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

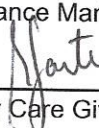
Comment:

Home visit for a 3 person CCFFH recertification review made on 5/31/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

5/31/18  
Date

  
Primary Care Giver

5/31/18  
Date

Date