

Foster Family Home - Corrective Action Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-5

634 Kulia Street

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 5/25/2018

End Date: 5/25/18

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 5/25/18.

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

David A. Ayling
Compliance Manager

5/25/18
Date

Elizabeth Cabanatuan
Primary Care Giver

5/25/18
Date