

Foster Family Home - Corrective Action Report

Provider ID: 1-180013

Home Name: Imie Zaluaga

Review ID: 1-180013-1

3846 Noeau Street

Reviewer: Carrie Wakai

Honolulu HI 96816

Begin Date: 4/18/2018

End Date: 4/18/18

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 new 2 client CCFH certification survey. Home is in compliance with all requirements.

Carrie Wakai RN

Compliance Manager

4-18-18

Date

IMIE ROSE ZALUAGA

Primary Care Giver

4-18-18

Date