

# Foster Family Home - Corrective Action Report

Provider ID: 1-180019

Home Name: Sheillamari Prepuse, RN

Review ID: 1-180019-1

94-716 Honowai Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/8/2018

End Date: 6/08/2018

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 new 2 person CCFH certification survey. Home is in compliance with all requirements and will receive a 1 year 2 person certification.

Carrie Wakai RN  
Compliance Manager

S. Prepuse  
Primary Care Giver

6/08/18  
Date

6/8/18  
Date