

# Foster Family Home - Corrective Action Report

Provider ID: 1-562480

Home Name: Teresita Malvar, LPN

Review ID: 1-562480-6

94-792 Kupuohi Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/10/2018

End Date: 6/10/2018

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 2 bed CCFFH recertification survey. Home is in compliance with all requirements.

Carrie Wakai RN  
Compliance Manager

Teresita Malvar  
Primary Care Giver

06/10/18  
Date

06/10/18  
Date