

Foster Family Home - Corrective Action Report

Provider ID: 1-562711

Home Name: Eulalio Nana, CNA

Review ID: 1-562711-6

94-520 Apii St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/25/2018

End Date: 6/25/2018

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 3 client CCFFH recertification survey. Home is in compliance with all requirements and will receive a 2 year 3 client recertification.

Carrie Wakai m

Compliance Manager

Eulalio Nana

Primary Care Giver

6-25-18

Date

6-25-18

Date