

# Foster Family Home - Corrective Action Report

Provider ID: 1-513079

Home Name: Glenda Felix, CNA

Review ID: 1-513079-5

94-1247 Kahuaina Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/29/2018

End Date: 6/29/2018

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 for a 3 person CCFFH recertification survey. Home is in compliance with requirements. No corrective action required.

*Carrie Wakai RN*

Compliance Manager

*Glenda M. Felix*

Primary Care Giver

*6/29/18*

Date

*6/29/18*

Date