

# Foster Family Home - Corrective Action Report

Provider ID: 1-100074

Home Name: Werlina Young, CNA

Review ID: 1-100074-6

94-440 Hiapaipole Lp

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 6/21/2018

End Date: 6/21/2018

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.

Carrie Wakai  
Compliance Manager

Wesley Young  
Primary Care Giver

6-21-18  
Date

6-21-18  
Date

Date