

Foster Family Home - Corrective Action Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

Review ID: 1-160073-3

94-904 Kuakahi Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/6/2018

End Date: 8/06/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/06/18. PCG request to increase to 3 Client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Angelica Galindo RN
Compliance Manager

Ambrage
Primary Care Giver

8/06/18
Date

8/06/18
Date