

# Foster Family Home - Corrective Action Report

Provider ID: 1-090093

Home Name: Cristina M. Wilson, CNA

Review ID: 1-090093-6

976 Hanau Street

Reviewer: Angelica Galindo

Wahiawa HI 96786

Begin Date: 9/11/2018

End Date: 9/11/18


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 review made on 9/11/18.  
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/11/18  
\_\_\_\_\_  
Date

9/11/18  
\_\_\_\_\_  
Date