

Foster Family Home - Corrective Action Report

Provider ID: 1-150063

Home Name: Flordeliza S. Onaga, CNA

Review ID: 1-150063-4

94-1209 Henokea Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/29/2018

End Date: 8/29/18

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 3 person CCFFH recertification review made on 8/29/18.

6.(d)(1)- Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Angelica Galindo, RN
Compliance Manager

Flordeliza S. Onaga
Primary Care Giver

8/29/18
Date

8/29/18
Date