

Foster Family Home - Corrective Action Report

Provider ID: 1-560161

Home Name: Carolina Eala, CNA

Review ID: 1-560161-7

94-1403 Hiapo Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 11/1/2018

End Date: 11/01/18

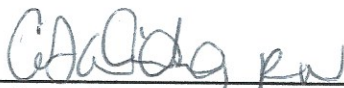
Foster Family Home Required Certificate [17-1454-6]

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


Comment:

Home visit for a 3 person CCFFH recertification review made on 11/01/18.

6.(d)(1) - Home in compliance with all requirements.



Compliance Manager



Primary Care Giver

11/01/18
Date

11/01/18
Date