

Foster Family Home - Corrective Action Report

Provider ID: 1-120010

Home Name: Grace Camacho, CNA

Review ID: 1-120010-8

94-728 Loaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/20/2018

End Date: 11/21/18

Foster Family Home

Required Certificate

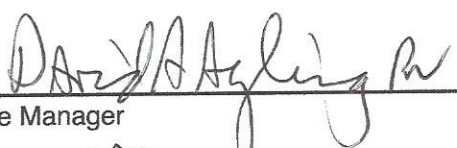
[17-1454-6]

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

Comment:

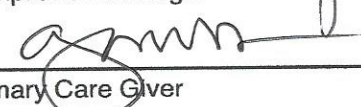
Home visit for a 3 person CCFFH recertification review made on 11/20/18.

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



Compliance Manager

11/20/18
Date



Primary Care Giver

11/20/18
Date