

# Foster Family Home - Corrective Action Report

Provider ID: 1-515306

Home Name: Belysilda Cielo, CNA

Review ID: 1-515306-5

91-1148 Garton Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 10/9/2017

End Date: 10/9/2017

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 made for a 3 person CCFFH recertification survey. Home is in compliance with all required items. Home will receive a 2 year 3 person certificate.

*Carrie Wakai*

Compliance Manager

*Reyner P. Ace*

Primary Care Giver

*10/9/17*

Date

*10/9/2017*

Date