

Foster Family Home - Corrective Action Report

Provider ID: 1-591356

Home Name: Gloria Aves, CNA

98-1519 Hoomahie Lp.

Pearl City HI 96782

Review ID: 1-591356-6

Reviewer: Carrie Wakai

Begin Date: 6/28/2018

End Date:

06/28/2018

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 client CCFFH recertification survey. Home is in compliance with all requirements and will receive a 2 year 3 person certification.

Carrie Wakai

Compliance Manager

[Signature]

Primary Care Giver

6/28/18

Date

6/28/18

Date