

# Foster Family Home - Corrective Action Report

Provider ID: 1-120077

Home Name: Myrna Andres, CNA

Review ID: 1-120077-7

91-1054 Kauiki Street

Reviewer: Carrie Wakai

Ewa Beach

HI 96706

Begin Date: 2/26/2018

End Date: 2/26/2018

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 bed CCFFH recertification survey.  
Home was in compliance with all requirements.

*Carrie Wakai RN*

Compliance Manager

*Myrna Andres*

Primary Care Giver

*2.26-2018*

Date

*2-26-2018*

Date