

Foster Family Home - Corrective Action Report

Provider ID: 1-563793

Home Name: Estrella Casiano, CNA

Review ID: 1-563793-6

4313 Halupa Street

Reviewer: Pamela Perry

Honolulu HI 96818

Begin Date: 2/21/2020

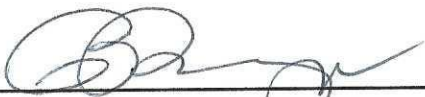
Foster Family Home Required Certificate

[11-800-6]

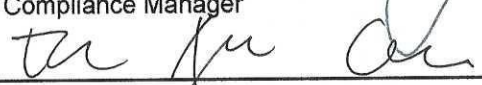
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

2/22/2020
Date

2/22/2020
Date