

# Foster Family Home - Corrective Action Report

Provider ID: 1-190015

Home Name: Estrella Wolfe, RN

Review ID: 1-190015-2

95-306 Auhaele Place

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 4/27/2020

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN

Compliance Manager

4/27/2020

Date

Estrella Wolfe, RN 4/29/20

Primary Care Giver

4/27/20

Date