

Foster Family Home - Corrective Action Report

Provider ID: 1-511859
Home Name: Digna Quemado, CNA
94-1029 Lumiaina Street
Waipahu HI 96797
Review ID: 1-511859-4
Reviewer: [REDACTED]
Begin Date: 10/12/2015 End Date: 10/12/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 10/12/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[REDACTED]
Compliance Manager

[Signature]
Primary Care Giver

RW

10/12/15
Date

10/12/15
Date