

Foster Family Home - Corrective Action Report

Provider ID: 1-150050

Home Name: Dolores Vicencio, CNA

Review ID: 1-150050-1

98-050 Lokowai St.

Reviewer: [REDACTED]

Aiea HI 96701

Begin Date: 9/24/2015

End Date: 9/24/15

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

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

Comment:

Home visit on 9/24/15 for initial certification review. All requirements met at time of review. Home eligible for 1 year 2 bed.

[REDACTED]

Compliance Manager

Dolores Vicencio

Primary Care Giver

9/24/15

Date

9/24/15

Date