

Foster Family Home - Corrective Action Report

Provider ID: 1-516255

Home Name: Estela Ventura, CNA

99-433 Paihi Street

Aiea HI 96701

Review ID: 1-516255-4

Reviewer: [REDACTED]

Begin Date: 9/28/2015

End Date: 9/28/2015

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

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.

[REDACTED]
Compliance manager

Estela P. Ventura

Primary Care Giver

9/28/2015
Date

9-28, 2015

Date