

# Foster Family Home - Corrective Action Report

Provider ID: 1-140069

Home Name: Jeramie P. Ulep, CNA

94-342 Kipou Street

Waipahu HI 96797

Review ID: 1-140069-2

Reviewer: [REDACTED]

Begin Date: 9/10/2015

End Date: 9/14/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for initial certification of 2 bed home. In process to transfer PCG from Ernesto Caliwliw to Jeramie Ulep. All requirements in compliance at time of visit. Coordination with Ohana medquest and Case Management Professionals.

[REDACTED] MSN  
Compliance Manager

9/10/15  
Date

Jeramie P. Ulep  
Primary Care Giver

9/10/15  
Date