

Foster Family Home - Corrective Action Report

Provider ID: 1-625072

Home Name: Losaline Tupouniua, CNA

Review ID: 1-625072-3

44-111 Puuohalai Place

Reviewer: [REDACTED]

Kaneohe HI 96744

Begin Date: 9/9/2015

End Date: 9/9/15

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 3 person recertification review made on 9/9/15.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Primary Care Giver



Compliance manager

9/9/15

Date

9/9/15

Date

9/9/2015 19:02 PM