Foster Family Home - Corrective Action Report

Provider ID: **1-510596**

Home Name: **Milagros Castro, CNA** **Review ID:** **1-510596-4**

1631-A Owawa Street Reviewer: [redacted]

Honolulu HI 96819 Begin Date: 9/15/2015 End Date: 9/15/15

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 9/15/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[redacted] 9/15/15

Compliance Manager Date

Milagros D Castro 9/15/15

Primary Care Giver Date