

# Foster Family Home - Corrective Action Report

Provider ID: 1-518433

Home Name: Myra Venegas, CNA

1429 Kamehameha IV Road

Honolulu HI 96819

Review ID: 1-518433-7

Reviewer: [REDACTED]

Begin Date: 9/18/2015

End Date: 9/18/15

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 9/18/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

[REDACTED SIGNATURE]  
Compliance Manager

Myra Venegas  
Primary Care Giver

9/18/15  
Date

9-18-15  
Date