

Foster Family Home - Corrective Action Report

Provider ID: 1-577702

Home Name: Ofelia Mendez, CNA

94-070 Poailani Circle

Waipahu HI 96797

Review ID: 1-577702-3

Reviewer: [REDACTED]

Begin Date: 5/11/2015

End Date: 5/11/15

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

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

Comment:

Home visit for recertification of 3 bed home on 5/11/15. All requirements met at time of visit.

[REDACTED] MSN
Compliance Manager

Date

Ofelia Mendez
Primary Care Giver

Date