

Foster Family Home - Corrective Action Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-1

94-1038 Hahana Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 3/3/2015

End Date: 3/3/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for 2 client new home initial certification. All requirements met at time of visit. Eligible for 1 year certification.

[REDACTED] Ramsn

Compliance Manager

[Signature]

Primary Care Giver

3/3/15

Date

3/3/15

Date