

Foster Family Home - Corrective Action Report

Provider ID: 1-512831

Home Name: Zenaida Miller, CNA

86-3005 Leihua Place

Waianae HI 96792

Review ID: 1-512831-5

Reviewer: [REDACTED]

Begin Date: 7/13/2015

End Date: 7/14/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification

[REDACTED]
Compliance Manager

Zenaida Miller
Primary Care Giver

7/13/2015

Date

7/13/2015

Date