

Foster Family Home - Corrective Action Report

Provider ID: 1-110072

Home Name: Florily Espina, CNA

Review ID: 1-110072-6

45-701 Puohala Street

Reviewer:

Kaneohe HI 96744

Begin Date: 10/13/2015

End Date: 10/26/2015

Foster Family Home

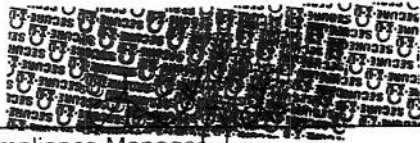
Required Certificate

[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 3-bed certification.



Compliance Manager

Florily Espina

Primary Care Giver

10/13/2015

Date

10/13/2015

Date