

Foster Family Home - Corrective Action Report

Provider ID: 1-582892

Home Name: Imelda Villaspir, CNA

Review ID: 1-582892-2

94-647 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 3/6/2015

End Date: 3/6/15

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 3/6/15.
Home is in compliance with all requirements. Home will receive
a 1 year 3 bed certification.

Compliance Manager

Imelda S. Villaspir
Primary Care Giver

RW

Date

3/6/15

Date

3/6/15