

Foster Family Home - Corrective Action Report

Provider ID: 1-564486

Home Name: Kristine Vicente, CNA

Review ID: 1-564486-5

94-527 Laenui Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/10/2015

End Date: 8/10/15

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 8/10/15.
No corrective Action Report issued during home visit.



Compliance Manager

Kristine Vicente
Primary Care Giver

Date

8/10/15

Date