

Foster Family Home - Corrective Action Report

Provider ID: 1-577372

Home Name: Mark Tapangan, CNA

Review ID: 1-577372-5

91-1771 Punako Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/2/2015

End Date: 11/2/15

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 2 person recertification review made on 11/2/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

11/2/15
Date

11/2/15
Date