

# Foster Family Home - Corrective Action Report

Provider ID: 1-509391

Home Name: Remedios Corpuz, CNA

Review ID: 1-509391-2

634-E North Vineyard Blvd.

Reviewer:

Honolulu HI 96817

Begin Date: 6/26/2015

End Date: 6/26/2015

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 6/26/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 2 bed certification.

Compliance Manager

*Remedios S. Corpuz*

Primary Care Giver

*kw*

Date

*6/26/15*

Date

*6/26/15*

Date