

Foster Family Home - Corrective Action Report

Provider ID: 1-130032

Home Name: Carmelita Sabio, CNA

Review ID: 1-130032-3

94-384 Kahuanani Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/15/2015

End Date: 6/15/15

Foster Family Home

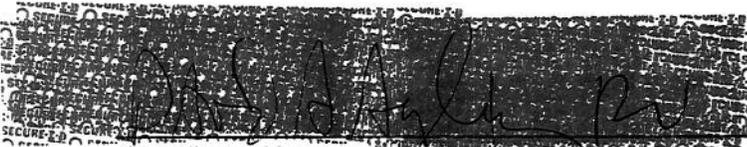
Required Certificate

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



Compliance Manager



Primary Care Giver

6/15/15

Date

6/15/15

Date