Foster Family Home - Corrective Action Report

Provider ID: **1-559049**

Home Name: **Carmencita Asuncion, CNA** **Review ID:** **1-559049-4**

94-1169 Kahuanui Street Reviewer:

Waipahu HI 96797 Begin Date: 12/3/2015 End Date: 12/3/15

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 12/3/15. All requirements met on the day of review. Home will receive a 2 year 2 bed certificate.

[redacted]
Compliance Manager

12/3/15
Date

C Asuncion
Primary Care Giver

12/3/15
Date