

Foster Family Home - Corrective Action Report

Provider ID: 1-120019

Home Name: Elmer Perez, CNA

94-904 Kuakahi Street

Waipahu

HI 96797

Review ID: 1-120019-5

Reviewer:

Begin Date: 12/14/2015

End Date: 12/16/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home survey conducted for recertification of three client CCFFH on 12/14/2015. All requirements met on date of review. Two year certification issued.



Compliance Manager

Primary Care Giver

Date

Date

RECEIVED

BY: @ mail

12/15/2015 15:17 PM