

Foster Family Home - Corrective Action Report

Provider ID: 1-090094

Home Name: Erlinda Ibus, CNA

94-468 Kalukalu Street

Waipahu HI 96797

Review ID: 1-090094-5

Reviewer:

Begin Date: 1/12/2016

End Date: 1/12/16

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 3 person recertification review made on 1/12/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Date 1/12/16

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