

Foster Family Home - Corrective Action Report

Provider ID: 1-563852
 Home Name: Emmanuelle Calycay, CNA Review ID: 1-563852-4
 94-017 Awhai Way Reviewer: Joan Scelzone
 Mililani HI 96788 Begin Date: 2/4/2015 End Date: 2/4/15

Foster Family Home Required Certificate [17-1454-8]

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

Comment:

6.(d)(1) see applicable sections of this review

Home visit made for 2 bed recertification on 2/4/15. Corrective action report issued with no items due to CTA. All requirements met at time of visit. Eligible for 1 year certificate, previous exemption.

Joan Scelzone RN MSN
 Compliance Manager

2/4/15
 Date

[Signature]
 Primary Care Giver

2/5/15
 Date