Foster Family Home - Corrective Action Report

Provider ID: **1-110050**

Home Name: **Hermelita Martinez, CNA** **Review ID:** **1-110050-6**

92-655 Aahualii Street Reviewer:

Kapolei HI 96707 Begin Date: 5/13/2015 End Date: 5/13/15

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 3 person recertification review made on 5/13/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

5/13/15
Date

Hermelita Martinez
Primary Care Giver

5/13/15
Date