

Foster Family Home - Corrective Action Report

Provider ID: 1-513368

Home Name: Hildegard Akee, CNA

Review ID: 1-513368-4

94-137 Hulahe 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 recertification. Home will receive a 2 year 2 bed certificate.



Compliance Manager

Hildegard A Akee
Primary Care Giver

12/3/15
Date

12/3/15
Date