

Foster Family Home - Corrective Action Report

Provider ID: 1-569676

Home Name: Jedeliah Felix, CNA

Review ID: 1-569676-4

2730 Kalihi Street

Reviewer:

Honolulu HI 96819

Begin Date: 11/5/2015

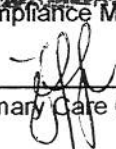
End Date: 11/5/15

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 11/5/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

11/5/15
Date
11-5-15
Date