

Foster Family Home - Corrective Action Report

Provider ID: 1-130019

Home Name: Jesus Malunao Jr, CNA

Review ID: 1-130019-4

92-801 Ahikoe Street, Suite B

Reviewer:

Kapolei HI 96707

Begin Date: 8/11/2015

End Date: 8/11/15

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 8/11/15.

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

Compliance Manager

Primary Care Giver

Date

Date