

# Foster Family Home - Corrective Action Report

Provider ID: 1-628133

Home Name: Jesusa Guillermo, CNA

Review ID: 1-628133-3

91-870 Haehae Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/9/2015

End Date: 11/9/15

Foster Family Home

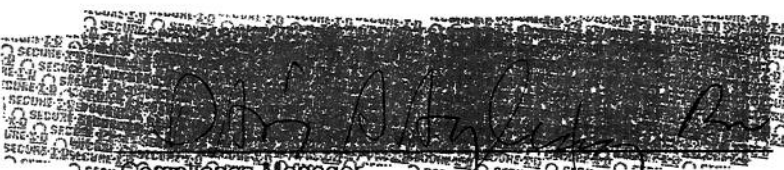
Required Certificate

[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 11/9/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager

  
Primary Care Giver

11/9/15  
Date

11/9/15  
Date