

Foster Family Home - Corrective Action Report

Provider ID: 2-559990
Home Name: Ligaya Fernandez, CNA Review ID: 2-559990-3
28-2877 Maukaolu Street, Reviewer
Pepeekeo HI 96793 Begin Date: 10/1/2015 End Date: 10/1/15

Foster Family Home Required Certificate [17-1454-6]

5 (d)(1) Comply with all applicable requirements in this chapter, and

Comment

Home visit done on 10/1/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for two clients.

Compliance Manager

Ligaya Fernandez
Primary Care Giver

10-1-15
Date

Oct 1, 2015
Date

