

Foster Family Home - Corrective Action Report

Provider ID: 1-562034

Home Name: Lydia Carpio, CNA

Review ID: 1-562034-4

94-1046 Puloku Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/12/2015

End Date: 6/12/15

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 6/12/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

6/12/15
Date

6/12/15
Date