Foster Family Home - Corrective Action Report

Provider ID: 1-566523

Home Name: Maria Bella Concepcion, RN **Review ID:** 1-566523-2

91-302 Kauoha Place Reviewer:

Ewa Beach HI 96706 Begin Date: 6/15/2015 End Date: 6/17/2015

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

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

Compliance Manager 6/15/2015 Date

Primary Care Giver 6/15/2015 Date