

Foster Family Home - Corrective Action Report

Provider ID: 1-090064

Home Name: Maria Lim, CNA

94-470 Lino Place

Waipahu

HI 96797

Review ID: 1-090064-3

Reviewer:

Begin Date: 5/13/2015

End Date:

5/13/15

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 5/13/15.
CG is increasing from a 2 client home to a 3 client Home. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.



Compliance Manager

[Signature]
Primary Care Giver

Date

5/13/15

Date