

Foster Family Home - Corrective Action Report

Provider ID: 1-561036

Home Name: Melody Pelegreen, CNA

1135 Haloa Drive

Honolulu

HI 96818

Review ID: 1-561036-4

Reviewer:

Begin Date: 12/29/2015

End Date: 12/30/2015

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 3-bed certification.



Compliance Manager

M Pelegreen

Primary Care Giver

2015 Dec 29
Date

2015 DEC 29
Date