

Provider ID: 2-510760
Home Name: Mercedita Tiangsing, CNA Review ID: 2-510760-5
15-1385 29 Poni Moi Street Reviewer:
Keaau HI 96749 Begin Date: 9/22/2015 End Date: 9/23/15

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

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

Comment:

Home visit done on 9/22/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for these clients.

Compliance Manager

9-23-15
Date

Mercedita Tiangsing
Primary Care Giver

9/23/15
Date

