

# Foster Family Home - Corrective Action Report

Provider ID: 1-512427

Home Name: Perla Amistad, CNA

94-1067 Haalau Street

Waipahu

HI 96797

Review ID: 1-512427-5

Reviewer:

Begin Date: 6/29/2015

End Date:

6/29/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 6/29/15 for recertification of 2 bed home changing to 3 bed. All requirements met at time of review.



Compliance Manager

Perla Amistad  
Primary Care Giver

6/29/15  
Date

6/29/15  
Date