

Foster Family Home - Corrective Action Report

Provider ID: 1-110042

Home Name: Steven Scott, Jr., CNA

Review ID: 1-110042-5

1604 Perry Street

Reviewer:

Honolulu HI 96819

Begin Date: 9/3/2015

End Date: 9/3/15

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 9/3/15.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

Primary Care Giver

9/3/15
Date

9/3/15
Date