

Foster Family Home - Corrective Action Report

Provider ID: 1-140007

Home Name: Susie J. Lee, CNA

Review ID: 1-140007-3

1158 Iomea Place

Reviewer:

Wahiawa HI 96786

Begin Date: 12/31/2015

End Date: 12/31/15

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 2 person recertification review made on 12/31/15. Currently has 1 [REDACTED] patient. Requests to increase to a 3 client CCFFH. Hasn't had a patient for 1 year. Will apply next year. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[REDACTED]
Compliance Manager

Susie J. Lee
Primary Care Giver

12/31/15
Date

12/31/15
Date