

Foster Family Home - Corrective Action Report

Provider ID: 2-573651

Home Name: Sherill Andres, CNA

Review ID: 2-573651-2

15-1571 22nd Ave, Kaloli
Drive

Reviewer: [REDACTED]

Keaau HI 96749

Begin Date: 2/10/2015

End Date:

2/10/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 2/10/2015 to survey for recertification. Adult household member in compliance on day of review. Home in compliance on day of review. Home will be recertified for two years for three clients.

[REDACTED]
Compliance Manager

2/10/2015
Date

Primary Care Giver

Date