

Foster Family Home - Corrective Action Report

Provider ID: 1-613035

Home Name: Thelma Giron, CNA

Review ID: 1-613035-4

94-1039 Lumikula Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/11/2015

End Date:

12/11/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted for recertification of two client CCFFH. All requirements met at time of review. Two year certification issued.

Compliance Manager

Thelma H. Giron
Primary Care Giver

Date

12/11/15
Date