

Foster Family Home - Corrective Action Report

Provider ID: 1-120082

Home Name: Luz Tarinay, CNA

Review ID: 1-120082-6

94-356 Ikepono Place

Reviewer:

Waipahu HI 96797

Begin Date: 1/25/2016

End Date: 1/25/16

Foster Family Home

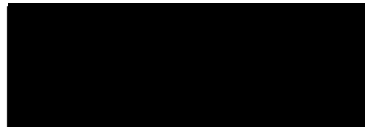
Required Certificate

[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 1/25/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



 Rv

Primary Care Giver

 1/25/16
Date

 1/25/16
Date