

Foster Family Home - Corrective Action Report

Provider ID: 1-559221

Home Name: Elizabeth Catalan, CNA

Review ID: 1-559221-3

94-602 Kipou Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/23/2016

End Date: 2/23/16

Foster Family Home

Required Certificate

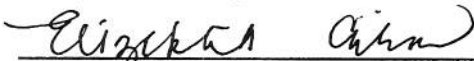
[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 2/23/16.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager


Primary Care Giver

Date

2/23/16

Date