

Foster Family Home - Corrective Action Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

176 Molokai Akau Street

Kahului HI 96732

Review ID: 4-580193-3

Reviewer:

Begin Date: 1/27/2015

End Date:

1/27/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 1/27/16 to 2 bed home. All requirements met at time of review. Home eligible for 2 year 2 bed home.

Compliance Manager

Primary Care Giver

Ellen Cruz

Date

Date

1/27/16

1/27/16