

# Foster Family Home - Corrective Action Report

Provider ID: 1-511502

Home Name: Erlinda Ubaldo, CNA

94-156 Waipahu Street

Waipahu HI 96797

Review ID: 1-511502-3

Reviewer:

Begin Date: 1/26/2016

End Date: 1/29/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Re-certification appointment for 2 client home made on 1/26/16. No corrective action report issued during review.

Compliance Manager

*Erlinda Ubaldo*

Primary Care Giver

1/26/16  
Date

01/26/16  
Date