

Foster Family Home - Corrective Action Report

Provider ID: 1-633637

Home Name: Eufrocinia Mendoza, CNA

Review ID: 1-633637-5

1936 Waikaha Place

Reviewer:

Honolulu

HI 96819

Begin Date: 2/5/2016

End Date: 2/5/16

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 2/5/16.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Eufrocinia Mendoza

Primary Care Giver

Date

02/05/16

Date