

Foster Family Home - Corrective Action Report

Provider ID: 1-110084

Home Name: Jeanillette Delos Santos, RN

Review ID: 1-110084-6

98-573 Kaamilo Street

Reviewer:

Aiea HI 96701

Begin Date: 4/8/2015

End Date: 4/8/15

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 4/8/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date