

Foster Family Home - Corrective Action Report

Provider ID: 1-614976

Home Name: Oscar Anunciacion, CNA

Review ID: 1-614976-4

94-342 Apowale Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/22/2016

End Date: 2/22/16

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 2/22/16.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[Redacted Signature]

Primary Care Giver

Date
2-22-16

Date