

# Foster Family Home - Corrective Action Report

Provider ID: 1-584020

Home Name: Renelda Raposas, CNA

Review ID: 1-584020-3

1261 Hooli Circle

Reviewer:

Pearl City HI 96782

Begin Date: 3/3/2016

End Date: 3/3/16

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 3/3/16.

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

Compliance Manager

*Renelda Raposas*

Primary Care Giver

Date

3-3-16

Date