

Foster Family Home - Corrective Action Report

Provider ID: 1-617558

Home Name: Zenaida Tierra, CNA

Review ID: 1-617558-3

1051 B Kopke Street

Reviewer:

Honolulu HI 96819

Begin Date: 10/16/2015

End Date:

SAB 10/16/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

1-617558: In home survey performed for recertification of three client home 10/16/15. All requirements met on date of review. Two year certification issued.

Compliance Manager

Primary Care Giver

10/16/15

Date

10/16/15

Date