

Foster Family Home - Corrective Action Report

Provider ID: 1-634396

Home Name: Adela Corpuz, CNA

Review ID: 1-634396-5

94-1285 Huakai Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/17/2015

End Date: 6/17/15

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