

Foster Family Home - Corrective Action Report

Provider ID: 1-624602

Home Name: Anthony Jimenez, CNA

Review ID: 1-624602-3

94-1084 Lumiauau Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/31/2016

End Date:

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