

Foster Family Home - Corrective Action Report

Provider ID: 4-100004

Home Name: Christopher Ulep, CNA

Review ID: 4-100004-4

360 Hilu Pl.

Reviewer:

Kahului

HI 96732

Begin Date: 6/9/2016

End Date: 6/9/16

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 [REDACTED] PCG has submitted an application to increase to a 3 client CCFFH.

Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification