

Foster Family Home - Corrective Action Report

Provider ID: 1-150050

Home Name: Dolores Vicencio, CNA

Review ID: 1-150050-2

98-050 Lokowai St.

Reviewer:

Aiea HI 96701

Begin Date: 6/23/2016

End Date: 6/23/16

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]

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