

Foster Family Home - Corrective Action Report

Provider ID: 1-512485

Home Name: Editha Acupido, CNA

Review ID: 1-512485-4

94-728 Kalae Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/28/2016

End Date: 8/1/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit [REDACTED] No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Editha P. Acupido

Primary Care Giver

Date

06-28-16

Date