

Foster Family Home - Corrective Action Report

Provider ID: 1-513079

Home Name: Glenda Felix, CNA

Review ID: 1-513079-4

94-1247 Kahuaina Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/9/2016

End Date: 6/14/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 3 client CCFH [REDACTED] No corrective action report issued during review visit.

