

Foster Family Home - Corrective Action Report

Provider ID: 1-512310

Home Name: Grace Constantino-Reyes,
CNA

Review ID: 1-512310-3

94-586 Palai Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/6/2016

End Date: 7/6/16

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 3 person recertification review [REDACTED]
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.