

Foster Family Home - Corrective Action Report

Provider ID: 1-140064

Home Name: Grace Tirador, RN

Review ID: 1-140064-3

98-1488-B Hoomahle Lp

Reviewer:

Pearl City HI 96782

Begin Date: 8/23/2016

End Date: 8/23/16

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 CCFFH recertification review made on 8/23/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

M Tirador RN
Primary Care Giver

Date

08/23/2016
Date