

Foster Family Home - Corrective Action Report

Provider ID: 1-559099

Home Name: Janeth Dulig, CNA

Review ID: 1-559099-4

45-626 Halelo Place

Reviewer:

Kaneohe

HI 96744

Begin Date: 8/25/2016

End Date: 8/25/16

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

Home visit on 8/25/2016 for recertification review of 3 bed home. All requirements in compliance at time of review. Home to receive 2 year 3 bed certificate.

Compliance Manager

Janeth Dulig

Primary Care Giver

Date

8-25-16

Date