

Foster Family Home - Corrective Action Report

Provider ID: 5-150053

Home Name: Kristine Dalisay, CNA

Review ID: 5-150053-2

3209 Palai St.

Reviewer:

Lihue HI 96766

Begin Date: 7/25/2016

End Date: 7/25/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 7/25/16.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Kristine Dalisay
Primary Care Giver

7/25/16
Date

7/25/16
Date