

Foster Family Home - Corrective Action Report

Provider ID: 1-160055

Home Name: May Simeon, NA

Review ID: 1-160055-1

94-770 Kupuohi St.

Reviewer: }

Waipahu

HI 96797

Begin Date: 8/17/2016

End Date: 8/17/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/17/16 for initial certification of 2 bed home. All requirements in compliance on day of review. Home is eligible for 1 year 2 bed certificate.

Compliance Manager

Primary Care Giver

May Simeon

Date

Date

8/17/16