

Foster Family Home - Corrective Action Report

Provider ID: 1-622276

Home Name: Melanie Viernes, CNA

Review ID: 1-622276-5

94-1161 Waipahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/28/2016

End Date: 6/28/16

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.