

Foster Family Home - Corrective Action Report

Provider ID: 1-510190

Home Name: Mildred Uytelo, CNA

Review ID: 1-510190-4

1837 Ahihi Street

Reviewer:

Honolulu

HI 98819

Begin Date: 7/20/2016

End Date:

7/25/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit [REDACTED] No corrective action required. Home is eligible for a 2 year 2-bed certification.

