

Foster Family Home - Corrective Action Report

Provider ID: 4-594631

Home Name: Pasiana Spellicy, CNA

Review ID: 4-594631-5

421 Waiehu Beach Road

Reviewer:

Wailuku HI 96793

Begin Date: 8/11/2016

End Date: 8/21/2016

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 made on 8/11/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Pasiana Spellicy

Primary Care Giver

Date

8/11/16

Date