

# Foster Family Home - Corrective Action Report

Provider ID: 1-512427

Home Name: Perla Amistad, CNA

Review ID: 1-512427-6

94-1067 Haalau Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/11/2016

End Date: 5/11/16

**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.