

Foster Family Home - Corrective Action Report

Provider ID: 4-621228

Home Name: Roseminic Ulep, CNA

Review ID: 4-621228-7

975 Lekeona Loop

Reviewer:

Wailuku HI 96793

Begin Date: 6/8/2016

End Date: 6/8/16

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

Compliance Manager

Roseminic Ulep

Primary Care Giver

Date

6-8-16

Date