

Foster Family Home - Corrective Action Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-3

94-1038 Hahana Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/30/2016

End Date: 3/30/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [redacted] for recertification of 2 bed home changing to 3 bed. All requirements met at time of review. Home to receive 1 year 3 bed certificate.

Compliance Manager



Primary Care Giver

Date

3-30-16

Date