

Foster Family Home - Corrective Action Report

Provider ID: 1-622309

Home Name: Sherry-Anne Viernes, RN

Review ID: 1-622309-3

94-117 Kaupu Place

Reviewer:

Waipahu

HI 96797

Begin Date: 3/21/2016

End Date: 3/21/16

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 2 person recertification review [REDACTED] receive a 2 year 2 bed certification.

Home is in compliance with all requirements. Home will

Compliance Manager

Sherry-Anne Viernes

Primary Care Giver

Date

3/21/16

Date