

Foster Family Home - Corrective Action Report

Provider ID: 1-100063

Home Name: Simplicia Ventura, CNA

Review ID: 1-100063-4

94-1122 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/4/2016

End Date: 5/4/16

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

S. Ventura

Primary Care Giver

Date

5-4-2016

Date