

Foster Family Home - Corrective Action Report

Provider ID: 1-100074

Home Name: Werlina Young, CNA

Review ID: 1-100074-5

94-440 Hiapaipole Lp

Reviewer:

Waipahu HI 96797

Begin Date: 6/14/2016

End Date: 6/26/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit [REDACTED] No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Wendy Young

Primary Care Giver

Date

6/14/16

Date