

Foster Family Home - Corrective Action Report

Provider ID: 1-599946

Home Name: Carmenchu Cortez, CNA

Review ID: 1-599946-4

94-885 Kaaholo Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/24/2015

End Date: 3/24/15

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 made on 3/24/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

Compliance Manager

C. Cortez

Primary Care Giver

3/24/15
Date

3/24/15
Date