

Foster Family Home - Corrective Action Report

Provider ID: 4-150062

Home Name: Melanie Salgado, CNA

Review ID: 4-150062-2

301-B Lakau Pl.

Reviewer:

Kihei HI 96753

Begin Date: 8/11/2016

End Date: 9/6/16

Foster Family Home

Required Certificate

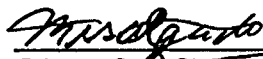
[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 8/11/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager


Primary Care Giver

Date


Date