

Foster Family Home - Corrective Action Report

Provider ID: 1-526022

Home Name: Melinda Benedicto, RN
92-839 Opalipali Place
Kapolei HI 96707

Review ID: 1-526022-5

Reviewer:

Begin Date: 8/2/2016

End Date: 9/2/2016

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 made on 8/2/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Melinda Benedicto

Primary Care Giver

Date

8/2/2016

Date