

Foster Family Home - Corrective Action Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

Review ID: 1-140046-2

1765 Kalaepaa Drive

Reviewer:

Honolulu HI 96819

Begin Date: 4/29/2015

End Date: 4/29/15

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 2 person recertification review made on 4/29/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.

Compliance Manager

Orlina Barrientos

Primary Care Giver

Date

4/29/15

Date