

## Foster Family Home - Corrective Action Report

Provider ID: 1-568032

Home Name: Wilson Verdadero, CNA

Review ID: 1-568032-5

576 Ulumalu Street

Reviewer:

Kailua HI 96734

Begin Date: 9/27/2016

End Date: 10/31/16

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 9/27/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Wilson Verdadero

Primary Care Giver

Date

9/27/16

Date