

Foster Family Home - Corrective Action Report

Provider ID: 1-160077

Home Name: Rochelle BartolomeSteffens,
LPN

Review ID: 1-160077-1

2016 Aaniu Lp

Reviewer:

Pearl City HI 96782

Begin Date: 11/21/2016

End Date: 11/23/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New home visit made on 11/21/2016 for a 2-bed certification. No corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager

Primary Care Giver

rochelle bartolome-steffens

Date

11/21/16

Date