

Foster Family Home - Corrective Action Report

Provider ID: 1-100095

Home Name: Emie Joy Pomoy, LPN

1676 California Avenue

Wahiawa HI 96786

Review ID: 1-100095-8

Reviewer:

Begin Date: 12/27/2016

End Date: 12/27/2016

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) Home visit made on 12/27/2016 for a 3 person certification review.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

12/27/2016

Date