

Foster Family Home - Corrective Action Report

Provider ID: 1-160056

Home Name: Grace Fermin
1730 Kilohi St
Honolulu HI 96819
Review ID: 1-160056-1
Reviewer:
Begin Date: 8/11/2016
End Date: 8/11/16

Foster Family Home: Required Certificate [1-1454-6]

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

Comment:

Home visit on 8/11/16 for initial certification of 2 bed home. A change of PCG is requested. Home requirements met at time of review. Home eligible for 2 bed 1 year certificate after obtaining contract with Medicaid Agencies for change of caregiver from [redacted] At that time, home will close and this home open under this PCG.

Supervision Manager
Grace F. Fermin

Primary Care Giver

8/11/16

Date
8-11-16

Date