

# Foster Family Home - Corrective Action Report

Provider ID: 1-582892

Home Name: Imelda Villaspir, CNA

Review ID: 1-582892-4

94-647 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 12/7/2016

End Date: 12/7/16

Foster Family Home Required Certificate

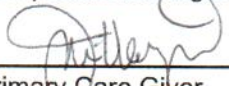
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/7/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

12/7/16  
\_\_\_\_\_  
Date