

Foster Family Home - Corrective Action Report

Provider ID: 1-560541

Home Name: Luz Ruiz, CNA

Review ID: 1-560541-4

94-465 A Piimai Street

Reviewer:

Waipahu

HI 96797

Begin Date: 9/7/2016

End Date: 9/7/16

Foster Family Home Required Certificate

[17-1454-6]

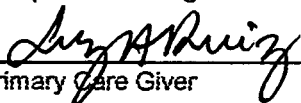
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/7/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver



Date

Date

