

Foster Family Home - Corrective Action Report

Provider ID: 1-580557

Home Name: Mercy Nepomuceno, CNA

Review ID: 1-580557-4

98-1488-A Hoomahie Lp

Reviewer:

Pearl City HI 96782

Begin Date: 12/7/2016

End Date: 12/7/16

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 12/7/16.

6.(d)(1)-see applicable sections of this review.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Mercy Nepomuceno

Primary Care Giver

Date

12/7/16

Date