

# Foster Family Home - Corrective Action Report

Provider ID: 1-560129

Home Name: Nerissa Jullan, CNA

Review ID: 1-560129-4

91-1073 Hanaloa Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 12/21/2016

End Date: 12/21/16

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 12/21/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

*Nerissa Q Jullan*

Primary Care Giver

Date

*12/21/16*

Date