

Foster Family Home - Corrective Action Report

Provider ID: 1-563082

Home Name: Renalyn Aseret, CNA

Review ID: 1-563082-3

94-205 Haaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/30/2016

End Date: 12/3/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 11/30/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Primary Care Giver

Renalyn Aseret

Date

Date

11.30.16