

Foster Family Home - Corrective Action Report

Provider ID: 1-150010

Home Name: Venus Balinbin, CNA Review ID: 1-150010-3

94-1034 Paiwa Place Reviewer:

Waipahu HI 96797 Begin Date: 8/10/2016 End Date: 8/10/16

Foster Family Home Required Certificate 17-05-5

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

Comment:

Home visit on 8/10/16 for recertification review of 2 bed home changing to 3 bed. All requirements met at time of review. Home to get 1 year 3 bed certificate.

Compliance Manager

Venus Directo Balinbin
Primary Care Giver

8/10/16
Date

8/10/16
Date