

# Foster Family Home - Corrective Action Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

Review ID: 1-160096-1

4483 Luaole St.

Reviewer:

Honolulu HI 96818

Begin Date: 1/19/2017

End Date:

1/19/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New home visit made on 1/19/2017 for a 2 bed certification.

6(d)(1)- Home is in compliance with all requirements and is eligible for a 1 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

Jelly T. Repuya  
Primary Care Giver

\_\_\_\_\_  
Date

1/19/2017  
Date