

Foster Family Home - Corrective Action Report

Provider ID: 1-511081

Home Name: Paz Remular, LPN

Review ID: 1-511081-4

94-1006 Kuakolu Place

Reviewer:

Waipahu HI 96797

Begin Date: 1/9/2017

End Date: 1/9/17

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 1/9/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Paz Remular
Primary Care Giver

1/9/2017
Date

1/9/2017
Date