

Foster Family Home - Corrective Action Report

Provider ID: 1-130048

Home Name: Imelda Veal, CNA

94-462 Alpine Street

Waipahu HI 96797

Review ID: 1-130048-4

Reviewer:

Begin Date: 2/17/2017

End Date: 2/17/17

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 2 person CCFFH recertification review made on 2/17/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Imelda A. Veal

Primary Care Giver

Date

2-17-17

Date

2/17/2017 14:52 PM