

Foster Family Home - Corrective Action Report

Provider ID: 1-130037

Home Name: Vilma Penuliar, CNA

644 Olive Avenue

Wahiawa

HI 96786

Review ID: 1-130037-4

Reviewer:

Begin Date: 2/14/2017

End Date: 2/15/17

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 2/14/2017. No clients in home currently.
6(d)(1)-see applicable sections of the review.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Vilma R. Penuliar

Primary Care Giver

Date

2/14/2017

Date