

Foster Family Home - Corrective Action Report

Provider ID: 1-110028

Home Name: Cheryll Collado, CNA

Review ID: 1-110028-5

94-948 Lumiloke Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 5/30/2017

End Date:

6/1/2017

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 5/30/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Cheryll Collado

Primary Care Giver

Date

5/30/2017

Date