

Foster Family Home - Corrective Action Report

Provider ID: 1-616154

Home Name: Felice Guillermo, CNA

Review ID: 1-616154-6

94-719 Kalae Street

Reviewer: [REDACTED]

Waipahu

HI 96797

Begin Date: 5/3/2017

End Date: 5/4/2017

Foster Family Home

Required Certificate

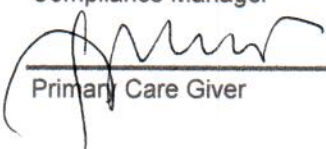
[17-1454-6]

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 5/3/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager



Primary Care Giver

Date

5/3/17

Date