

Foster Family Home - Corrective Action Report

Provider ID: 1-585771

Home Name: Gerlie Miguel, CNA

Review ID: 1-585771-5

94-691 Kime Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 5/25/2017

End Date: 5/25/17

Foster Family Home

Required Certificate

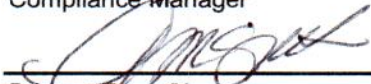
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


Home visit for a 2 person CCFFH recertification review made on 5/25/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date



Date