

Foster Family Home - Corrective Action Report

Provider ID: 1-140005

Home Name: Shiela Marie Dupra, CNA

Review ID: 1-140005-3

94-314 Hilihua Way

Reviewer: [REDACTED]

Waipahu

HI 96797

Begin Date: 6/2/2017

End Date: 6/2/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit for a new 2 person CCFFH certification survey. .
Home is in compliance with all requirements and will receive a 1 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date