

Foster Family Home - Corrective Action Report

Provider ID: 4-170041

Home Name: Desiyree L. Corpuz

Review ID: 4-170041-1

381 Naholo Ciricle

Reviewer: Sue Lo

Kahului HI 96732

Begin Date: 6/30/2017

End Date: 7/2/2017


Foster Family Home Required Certificate

[17-1454-6]

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

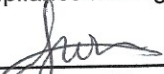
Comment:

6 (d)(1) Requirements at the time of the New Home visit made on 6/30/2017. No corrective action required. Home is eligible for a 1 year 2-bed certification.



Compliance Manager

6/30/2017
Date



Primary Care Giver

6/30/17
Date