

Foster Family Home - Corrective Action Report

Provider ID: 1-509391

Home Name: Remedios Corpuz, CNA

Review ID: 1-509391-3

634-E North Vineyard Blvd.

Reviewer: Carrie Wakai

Honolulu HI 96817

Begin Date: 6/30/2017

End Date: 6/30/2017

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 made for a 2 person recertification survey.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Carrie Wakai RN

Compliance Manager

Remedios Corpuz

Primary Care Giver

6-30-17

Date

6-30-17

Date