

# Foster Family Home - Corrective Action Report

Provider ID: 1-140069

Home Name: Jeramie P. Ulep, CNA

Review ID: 1-140069-4

94-342 Kipou Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/15/2017

End Date: 6/16/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

3.d.1- Home visit made for a 2 bed CCFFH recertification survey.  
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

*Jeramie P. Ulep*

\_\_\_\_\_  
Date

*06-15-2017*

\_\_\_\_\_  
Date