

Foster Family Home - Corrective Action Report

Provider ID: 1-620557

Home Name: Jessie Silao, CNA

Review ID: 1-620557-3

91-1122 Kuhina Street

Reviewer: Sue Lo

Ewa Beach

HI 96706

Begin Date: 3/1/2017

End Date: 3/6/2017

Foster Family Home

Required Certificate

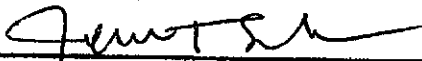
[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 3/1/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager



Primary Care Giver

Date

3/1/17

Date