

Foster Family Home - Corrective Action Report

Provider ID: 1-090029

Home Name: Liberty Evangelista, CNA

915 Uakanikoo St.

Wahiawa

HI 96786

Review ID: 1-090029-5

Reviewer: Sue Lo

Begin Date: 4/4/2017

End Date: 4/5/17

Foster Family Home

Required Certificate

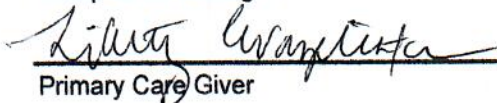
[17-1454-6]

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 4/4/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager



Primary Care Giver

Date

4/4/17

Date