

Foster Family Home - Corrective Action Report

Provider ID: 1-140029

Home Name: Melanie Valera, CNA

Review ID: 1-140029-4

91-445 Pohakupuna Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 2/28/2017

End Date: 2/28/17

Foster Family Home Required Certificate

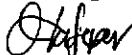
[47-1454-6]

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

Comment:

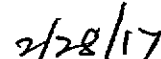
Home visit for a 2 person CCFFH recertification review made on 2/28/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date



Date