

# Foster Family Home - Corrective Action Report

Provider ID: 1-558976

Home Name: Vising Santiago, CNA

Review ID: 1-558976-5

41-565 Inoaole Street

Reviewer: Sue Lo

Waimanalo HI 96795

Begin Date: 7/19/2017

End Date: 7/23/2017

Foster Family Home


Required Certificate

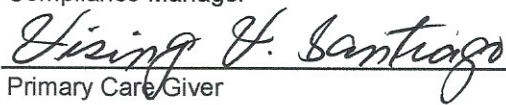
[17-1454-6]

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 7/19/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date