

# Foster Family Home - Corrective Action Report

Provider ID: 1-100111

Home Name: Charesse Tumaneng, RN

Review ID: 1-100111-6

91-806 Apoke Place

Reviewer: Sue Lo

Ewa Beach

HI 96706

Begin Date: 10/9/2017

End Date: 10/11/2017

Foster Family Home


Required Certificate

[17-1454-6]

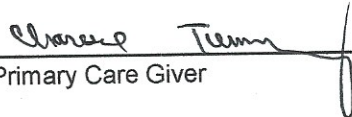
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

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

10/9/2017  
Date

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

10/9/17  
Date