

Foster Family Home - Corrective Action Report

Provider ID: 4-510942

Home Name: Renely Ubilas, CNA

100 Kealahilani Street

Kahului

HI

96732

Review ID: 4-510942-5

Reviewer: David Ayling

Begin Date: 10/2/2017

End Date: 10/2/17

Foster Family Home


Required Certificate

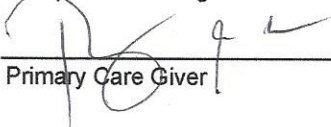
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFH recertification review made on 10/2/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

10/2/17
Date

10/2/17
Date