

# Foster Family Home - Corrective Action Report

Provider ID: 1-560434

Home Name: Thelma Ortal, CNA

Review ID: 1-560434-5

94-1079 Kaaholo Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 10/3/2017

End Date: 10/6/2017

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date