

Foster Family Home - Corrective Action Report

Provider ID: 1-511099

Home Name: Imelda Viernes, CNA

Review ID: 1-511099-5

94-583 Apii Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/3/2017

End Date: 11/3/17

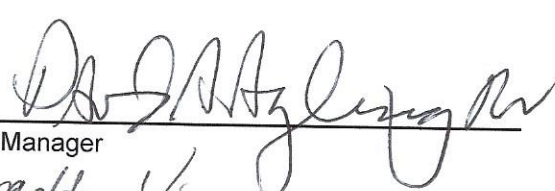
Foster Family Home Required Certificate

[17-1454-6]

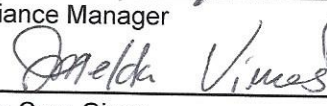
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/3/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

11/3/17
Date


Primary Care Giver

11/3/17
Date