

Foster Family Home - Corrective Action Report

Provider ID: 1-170074

Home Name: Dyan Peroche Clariz, CNA

Review ID: 1-170074-1

91-1152 B Kaunolu Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 12/15/2017

End Date: 12/15/2017

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 new CCFH 2 person certification. Home was in compliance with all requirements. Home will receive a 1 year 2 person certificate.

Carrie Wakai RN
Compliance Manager

Dyan Peroche Clariz
Primary Care Giver

12-15-17
Date

12-15-17
Date