

# Foster Family Home - Corrective Action Report

Provider ID: 1-160100

Home Name: Virgilina Cortez, CNA

Review ID: 1-160100-2

99-017 Kauhale ST.

Reviewer: Sue Lo

Aiea HI 96701

Begin Date: 11/6/2017

End Date: 11/6/2017

Foster Family Home


Required Certificate

[17-1454-6]

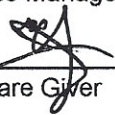
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 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 2 bed certification.

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

11/6/2017  
Date

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

11/06/2017  
Date