

# Foster Family Home - Corrective Action Report

Provider ID: 1-509763

Home Name: Esther Corpuz, CNA

Review ID: 1-509763-4

94-972 Lumiloke Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 1/11/2018


End Date: 1/16/2018

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

1/11/2018  
Date

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

1/11/2018  
Date