

# Foster Family Home - Corrective Action Report

Provider ID: 4-110054

Home Name: Jerome Ulep, CNA

557A Kaulana Street

Kahului

HI 96732

Review ID: 4-110054-7

Reviewer: David Ayling

Begin Date: 2/7/2018

End Date: 2/7/18

Foster Family Home

Required Certificate

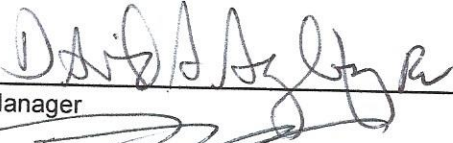
[17-1454-6]


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

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/7/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

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

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

2/7/18  
\_\_\_\_\_  
Date

2/7/18  
\_\_\_\_\_  
Date