

Foster Family Home - Corrective Action Report

Provider ID: 4-100031

Home Name: Mineriza Pascua, CNA

Review ID: 4-100031-10

94-1190 Lumikula St.

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 2/7/2018

End Date: 2/9/2018

Foster Family Home


Required Certificate

[17-1454-6]

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

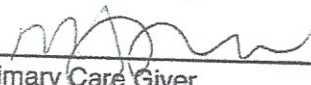
Comment:

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

2/7/2018
Date



Primary Care Giver

2/7/2018
Date