

Foster Family Home - Corrective Action Report

Provider ID: 5-150013

Home Name: Norwena B. Visitacion, CNA

Review ID: 5-150013-4

1975 Kaku Street

Reviewer: Sue Lo

Lihue

HI 96766

Begin Date: 1/25/2018

End Date:

3/17/2018

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 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



Primary Care Giver

1/25/2018

Date

1/25/2018

Date