

Foster Family Home - Corrective Action Report

Provider ID: 1-577702

Home Name: Ofelia Mendez, CNA

Review ID: 1-577702-5

94-070 Poailani Circle

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/18/2018

End Date: 5/18/18

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 5/18/18.

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

David Ayling RV
Compliance Manager

5/18/18
Date

Ofelia Mendez
Primary Care Giver

5-18-18
Date