

# Foster Family Home - Corrective Action Report

Provider ID: 4-621228

Home Name: Roseminic Ulep, CNA

Review ID: 4-621228-8

975 Lekeona Loop

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 6/6/2018

End Date: 6/6/18

Foster Family Home

Required Certificate

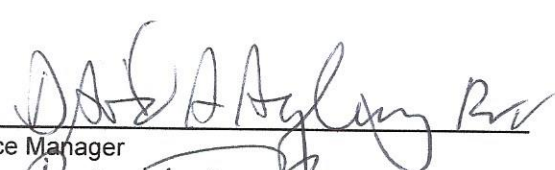
[17-1454-6]

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

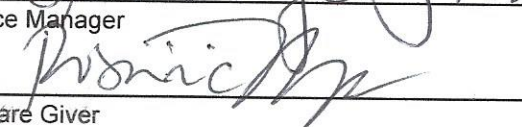
Comment:

Home visit for a 3 person CCFFH recertification review made on 6/6/18.

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

  
Compliance Manager

6/6/18  
Date

  
Primary Care Giver

6/6/18  
Date