

Foster Family Home - Corrective Action Report

Provider ID: 1-120053

Home Name: Madeline Ulep, RN

Review ID: 1-120053-6

94-1469 Hiapo Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/15/2018

End Date: 6/15/2018

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 CCFFH recertification survey. .
Home was in compliance with all requirements and will receive a 2 year 3 bed certification.

Carrie Wakai RN

Compliance Manager

Madeline D. Ulep

Primary Care Giver

6/15/18

Date

6/15/18

Date