

Foster Family Home - Corrective Action Report

Provider ID: 1-622276

Home Name: Melanie Viernes, CNA

Review ID: 1-622276-6

94-1161 Waipahu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/9/2018

End Date: 7/9/18

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 7/9/18.

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

David Ayling
Compliance Manager

Melanie M. Viernes
Primary Care Giver

7/9/18
Date

07/09/2018
Date