

Foster Family Home - Corrective Action Report

Provider ID: 1-582230

Home Name: Wilma Corpuz, CNA

Review ID: 1-582230-5

94-571 Ana Aina Place B

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/28/2018

End Date: 6/28/18

Foster Family Home

Required Certificate

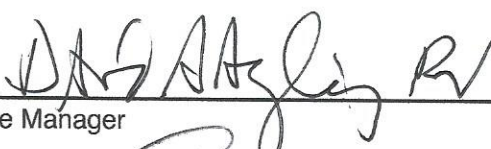
[17-1454-6]

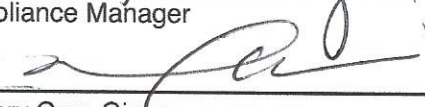
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 6/28/18.

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


Compliance Manager


Primary Care Giver


Date


Date