

# Foster Family Home - Corrective Action Report

Provider ID: 4-100004

Home Name: Christopher Ulep, CNA

360 Hilu Place

Kahului

HI 96732

Review ID: 4-100004-6

Reviewer: David Ayling

Begin Date: 7/23/2018

End Date: 7/23/18

Foster Family Home\*

Required Certificate

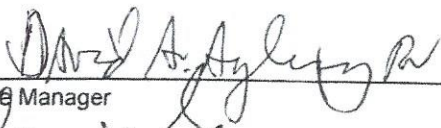
[17-1454-6]

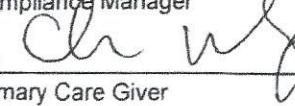
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 3 person CCFFH recertification review made on 7/23/18.

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

  
Compliance Manager

  
Primary Care Giver

7/23/18  
Date

7/23/18  
Date