

Foster Family Home - Corrective Action Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN

Review ID: 1-511114-6

1428 Kaumoli Place

Reviewer: Angelica Galindo

Pearl City HI 96782

Begin Date: 8/28/2018

End Date: 8/28/18

Foster Family Home

Required Certificate

[17-1454-6]

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

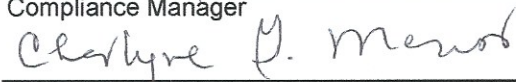
Comment:

Home visit for a 3 person CCFFH recertification review made on 8/28/18.

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



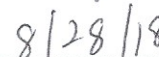
Compliance Manager



Primary Care Giver



Date



Date