

Foster Family Home - Corrective Action Report

Provider ID: 1-510190

Home Name: Mildred Uytiepo, CNA

Review ID: 1-510190-6

1637 Ahihi Street

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 7/27/2018

End Date:

7/27/18

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 7/27/18. PCG request to increase 3 client CCFFH.

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

Angelica Galindo, RN

Compliance Manager

Mildred S. Uytiepo

Primary Care Giver

7/27/18

Date

7/27/18

Date