

Foster Family Home - Corrective Action Report

Provider ID: 1-509391

Home Name: Remedios Corpuz, CNA

Review ID: 1-509391-7

634-E North Vineyard Blvd.

Reviewer: David Ayling

Honolulu HI 96817

Begin Date: 7/2/2021

Foster Family Home


Required Certificate

[11-800-6]


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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

RV 7/2/2021
Date
7/02/21
Date