

Foster Family Home - Corrective Action Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-4

91-915 Mailani Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 10/7/2015

End Date: 10/7/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 10/7/15 for recertification of 2 bed home changing to 3 bed home. All requirements met at time of review. Home eligible for 1 year 3 bed certificate.

[REDACTED]
Compliance Manager

RM MSN

10/7/15
Date

Ederlina Tangonan
Primary Care Giver

10/7/15
Date