

Foster Family Home - Corrective Action Report

Provider ID: 1-560161

Home Name: Carolina Eala, CNA

Review ID: 1-560161-4

94-1403 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/27/2015

End Date:

10/27/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 2 client home on 10/27/2015. No corrective action report issued. CG will receive a two year recertification

Carolina Eala

Primary Care Giver

10/27/15
Date

10/27/15
Date