

Foster Family Home - Corrective Action Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-4

2515 Notley Street

Reviewer:

Honolulu HI 96819

Begin Date: 6/29/2015

End Date:

6/29/15

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 recertification review made on 6/29/15.

Home is in compliance with all requirements. PCG requests to decrease to a 2 client CCFFH. Home will receive a 2 year 2 ~~bed~~ bed certification.

Compliance Manager

Primary Care Giver

RW

Date

Date

6/29/15

6/29/15