

Foster Family Home - Corrective Action Report

Provider ID: 1-150036

Home Name: May Rose Kumar, CNA

Review ID: 1-150036-2

1319 Noelani St.

Reviewer:

Pearl City HI 96782

Begin Date: 10/30/2015

End Date: 10/30/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Environmental and change of Primary caregiver review made for a 2 client home on 10/30/15. No Corrective action report issued during review.



Compliance Manager

Primary Care Giver

Date

Date