

Foster Family Home - Corrective Action Report

Provider ID: 1-636053

Home Name: Roselle Catamping, CNA

94-1041 Kaaholo Street

Waipahu HI 96797

Review ID: 1-636053-4

Reviewer:

Begin Date: 10/19/2015

End Date: 10/26/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Completed by _____
Roselle Catamping

Primary Care Giver

10/19/2015
Date

10-19-15
Date