

Foster Family Home - Corrective Action Report

Provider ID: 1-100103

Home Name: Rasela Mataia, CNA

Review ID: 1-100103-6

96-239-D Waiawa Road

Reviewer:

Pearl City HI 96782

Begin Date: 5/5/2015

End Date: 5/5/15

Foster Family Home

Required Certificate

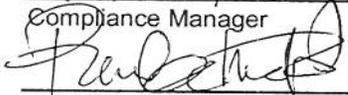
[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 5/5/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver



Date

5/5/15

Date

5/5/15