

Foster Family Home - Corrective Action Report

Provider ID: 1-130005

Home Name: Redentor Rous, CNA

91-829 Kimopelekane Road

Ewa Beach HI 96706

Review ID: 1-130005-4

Reviewer:

Begin Date: 3/13/2015

End Date:

3/13/2015

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 3/13/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

RW

Date

3/13/15

Date

3/13/15