

# Foster Family Home - Corrective Action Report

Provider ID: 1-619158

Home Name: Roderick Haduca, CNA

Review ID: 1-619158-3

2511 Notley Street

Reviewer:

Honolulu HI 96819

Begin Date: 3/11/2015

End Date: 3/11/2015

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 2 person recertification review made on 3/11/15.  
Home currently has no patients. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

Roderick Haduca  
Primary Care Giver

RW

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

3/11/15

3/11/15