

Foster Family Home - Corrective Action Report

Provider ID: 1-512261

Home Name: Trinidad Tumbaga, CNA

Review ID: 1-512261-3

91-993 Keoneae Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 8/14/2015

End Date: 8/22/2015

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 2-bed certification.

Compliance Manager



Primary Care Giver

14 Aug 2015

Date

8/14/15

Date