

Foster Family Home - Corrective Action Report

Provider ID: 1-589400

Home Name: Joel Rosales, CNA

Review ID: 1-589400-3

91-838 Kauwili Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 12/28/2015

End Date: 12/28/15

Foster Family Home Required Certificate

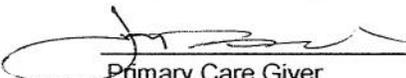
[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 12/28/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

12/28/15
Date

12/28/15
Date