

Foster Family Home - Corrective Action Report

Provider ID: 4-510869

Home Name: Luz Alonzo, CNA

Review ID: 4-510869-4

508 South Kamehameha Avenue

Reviewer:

Kahului HI 96732

Begin Date: 10/30/2015

End Date

10/30/15

Foster Family Home

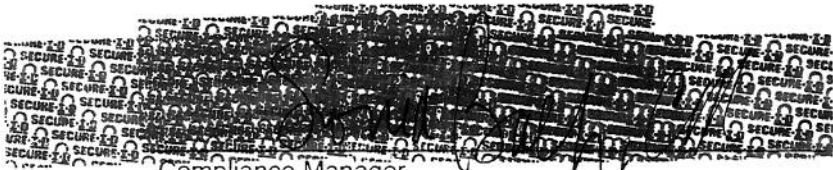
Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted for recertification of three client CCFFH. All requirements were met at time of review. Two year certification issued.



Compliance Manager

Luz R. Alonzo

Primary Care Giver

RECEIVED

11-8-15
Date

11-8-15
Date

@ mail