

Foster Family Home - Corrective Action Report

Provider ID: 2-512112
 Home Name: Luzonica Dela Rosa, CNA Review ID: 2-512112-5
 45-3244 Ohia Street Reviewer:
 Honokaa HI 96727 Begin Date: 7/21/2015 End Date: 7/21/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:
 Home visit done on 6/26/15 to survey for recertification. Home in compliance on day of survey. Home eligible to receive a two year recertification for three cli

Compliance Manager
Luzonica B. Dela Rosa
 Primary Care Giver

Date 7-21-15
 Date 7-21-15
 Date