

Foster Family Home - Corrective Action Report

Provider ID: 4-510835
 Home Name: Norma Ragasa, CNA Review ID: 4-510835-2
 156 Kealahilani Street Reviewer:
 Kahului HI 96732 Begin Date: 5/14/2015 End Date: 5/14/15

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

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

Comment:

6.d.1. Home visit made on 5/14/15 for three bed recertification. All requirements met on the day of the review and no corrective action plan is required. Approved for 3 bed CCFFH home to be certified for 2 years.



Compliance Manager

Norma Ragasa
 Primary Care Giver

6/12/15

Date

06/12/2015
 Date