

Foster Family Home - Corrective Action Report

Provider ID: 1-140008

Home Name: Nympha Rasay, CNA

Review ID: 1-140008-3

94-459 Awamoi Place

Reviewer:

Waipahu HI 96797

Begin Date: 12/8/2015

End Date: 12/08/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 12/8//15 to recertify 2 bed home changing to 3 bed home. All requirements met at time of review. Home eligible for 1 year 3 bed home.



Compliance Manager

N. Rasay

Primary Care Giver

12/8/15
Date

12/8/15
Date