

# Foster Family Home - Corrective Action Report

Provider ID: 1-150023

Home Name: Paolo Allan T Daluddung, CNA

Review ID: 1-150023-1

91-1164 Hanaloa St

Reviewer:

Ewa Beach

HI 96706

Begin Date: 6/12/2015

End Date:

6/12/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 6/12/14 for initial certification of 2 bed home. All requirements met at time of review.



Compliance Manager

Primary Care Giver

6/12/15

Date

6/12/15

Date