

# Foster Family Home - Corrective Action Report

Provider ID: 1-140070

Home Name: Rosalina Basug, CNA

Review ID: 1-140070-2

520 Kulia Street

Reviewer:

Wahiawa HI 96786

Begin Date: 8/31/2015

End Date: 8/31/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 8/31/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager

Rosalina Basug

Primary Care Giver

8/31/15  
Date

8-31-15  
Date