

Foster Family Home - Corrective Action Report

Provider ID: 1-130058

Home Name: Rowena Daligcon, CNA

Review ID: 1-130058-4

94-1134 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/4/2015

End Date: 12/4/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 12/4/15 to recertify 2 Bed home changing to 3 bed home. All requirements met at time of review. Home eligible for 3 bed 1 year certificate.



Compliance Manager

R Daligcon
Primary Care Giver

12/4/15
Date

12/04/15
Date