

Foster Family Home - Corrective Action Report

Provider ID: 1-582785

Home Name: Rowena Sales, CNA

Review ID: 1-582785-6

2255 Hiu Street

Reviewer:

Honolulu HI 96819

Begin Date: 6/4/2015

End Date: 6/4/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 6/4/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.

SECURE

Compliance Manager

Rowena C. Sales

Primary Care Giver

Date

6/4/15

Date

6/4/15