

Foster Family Home - Corrective Action Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-2

724 Ihi Ihi Avenue

Reviewer: [REDACTED]

Wahiawa

HI 96786

Begin Date: 1/5/2015

End Date: 1/5/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6d1: Review for recertification. All items present at time of review.

[REDACTED]

Compliance Manager

1/5/15

Date

Primary Care Giver

Date