

Foster Family Home - Corrective Action Report

Provider ID: 1-512964

Home Name: Rosemarie Pe Benito, RN

Review ID: 1-512964-3

91-1027 Ho'ohilu Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/26/2016

End Date: 1/26/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted 21/26/16 for recertification of three client CCFFH. All requirements met on date of review. Two year certification issued.

Compliance Manager

Primary Care Giver

1/26/16
Date

1/26/16
Date