

Foster Family Home - Corrective Action Report

Provider ID: 1-110035

Home Name: Vincent Rayo, CNA

2848 Kalihi Street

Honolulu

HI 96819

Review ID: 1-110035-3

Reviewer:

Begin Date: 3/2/2016

End Date:

3/2/16

Foster Family Home

Required Certificate

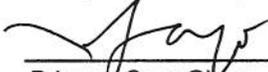
[17-1454-6]

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

Comment:

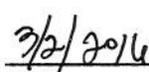
Home visit on 3/2/16 for review of 2 bed home changing to 3 bed home. All requirements met at time of review. Home to receive 1 year 3 bed home.

Compliance Manager



Primary Care Giver

Date



Date