

# Foster Family Home - Corrective Action Report

Provider ID: 1-628159

Home Name: Alma Abellanosa, CNA

Review ID: 1-628159-3

1808 B Beckley Street

Reviewer:

Honolulu

HI 96819

Begin Date: 3/10/2016

End Date: 3/10/16

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 3 person recertification review made [REDACTED]  
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.