

# Foster Family Home - Corrective Action Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-4

94-819 Kaaka Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/11/2016

End Date: 3/11/16

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 [REDACTED] PCG requests to decrease to a 2 client CCFFH. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.