

Foster Family Home - Corrective Action Report

Provider ID: 1-510570

Home Name: Norma Carino, CNA

Review ID: 1-510570-3

91-116 Hailipo Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 8/17/2016

End Date: 8/17/16

Foster Family Home Required Certificate

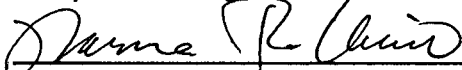
[17-1454-6]

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

Comment:


Home visit for a 3 person CCFH recertification review made on 8/17/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date