

# Foster Family Home - Corrective Action Report

Provider ID: 1-509424

Home Name: Rosalina Ayala, CNA

Review ID: 1-509424-3

91-1298 Hoopio Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/6/2016

End Date: 5/19/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

*Rosalina J. Ayala*

Primary Care Giver

Date

*05-06-2016*

Date