

Foster Family Home - Corrective Action Report

Provider ID: 1-140054

Home Name: Shella Gem P. Navalta, CNA

Review ID: 1-140054-3

94-441 Kuahui Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/28/2016

End Date:

7/28/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 7/28/16 for recertification of 2 bed home changing to 3 bed. All requirements in compliance at time of review. Home is eligible for 1 year 3 client home.

Compliance Manager

S. Navalta

Primary Care Giver

Date

7/28/16

Date