

Foster Family Home - Corrective Action Report

Provider ID: 1-140033

Home Name: Rhoda M. Bolosan, NA

Review ID: 1-140033-3

94-510 Hiahia Loop

Reviewer:

Waipahu HI 96797

Begin Date: 4/29/2015

End Date:

4/29/15

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 2 person recertification review made on 4/29/15.

Home currently has no patients. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Rhoda M. Bolosan

Primary Care Giver

Date

4/29/15

Date

4/29/15