

Foster Family Home - Corrective Action Report

Provider ID: 4-150078

Home Name: Christina Kealoha, CNA

Review ID: 4-150078-2

119 Anamuli St.

Reviewer:

Kahului HI 96732

Begin Date: 9/29/2016

End Date: 9/29/16

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 new 2 person CCFFH certification review made on 9/29/16. Home is in compliance with all requirements. Home will receive a 1 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

9/29/16

Date