

Foster Family Home - Corrective Action Report

Provider ID: 4-511057
Home Name: Imelda Cordero, CNA Review ID: 4-511057-4
74 Kuuhoa Place Reviewer:
Kahului HI 96732 Begin Date: 9/28/2016 End Date: 9/28/16

Foster Family Home - Required Sections

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/28/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager
Imelda Cordero

Primary Care Giver

Date
9-28-16

Date