

Foster Family Home - Corrective Action Report

Provider ID: 1-150060

Home Name: Nobleza Doro, CNA

Review ID: 1-150060-2

257 Thomas St.

Reviewer:

Wahiawa HI 96786

Begin Date: 8/15/2016

End Date:

9/13/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1 Home visit made for first recertification visit of this 2 bed home. Home has not had clients since opening. All items in compliance on the day of the survey. Home will only be licensed for 1 year due to no clients for at least 1 year.

Compliance Manager

Date

Primary Care Giver

Date