

# Foster Family Home - Corrective Action Report

Provider ID: 1-509648

Home Name: Roina Dumalag, CNA

Review ID: 1-509648-5

94-889 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/15/2016

End Date: 9/15/16

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 3 person CCFFH recertification review made on 9/15/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date