

Foster Family Home - Corrective Action Report

Provider ID: 1-560492

Home Name: Rosana Perucho, CNA

Review ID: 1-560492-4

99-814 Nahiolea Street

Reviewer:

Alea HI 96701

Begin Date: 10/11/2016

End Date: 10/11/16

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 2 person CCFFH recertification review made on 10/11/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date

10/11/16

Date

10/11/2016 18:23 PM