

# Foster Family Home - Corrective Action Report

Provider ID: 1-130058

Home Name: Rowena Dalligon, CNA

Review ID: 1-130058-5

94-1134 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/16/2016

End Date:

9/16/16

Foster Family Home

Required Certificate

[17-1454-6]

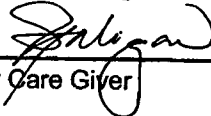
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit on 9/16/16 for recertification review of 3 bed home. Home is in compliance at time of review. Home is eligible for 2 year 3 bed home.

Compliance Manager

Primary Care Giver



Date

9/16/16

Date