

Foster Family Home - Corrective Action Report

Provider ID: 1-626517

Home Name: Carolina Alhambra, CNA

Review ID: 1-626517-5

91-1009 Pa Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 11/1/2016

End Date: 11/1/16

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 10/1/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

11-1-16

Date