

# Foster Family Home - Corrective Action Report

Provider ID: 1-130059

Home Name: Rosalina Mendoza, CNA

Review ID: 1-130059-4

94-144 Kaaholo Place

Reviewer:

Waipahu HI 96797

Begin Date: 10/25/2016

End Date: 10/25/16

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 for a 3 person CCFFH recertification review made on 10/25/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*Rosalina Mendoza*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*10/25/16*  
\_\_\_\_\_  
Date