

Foster Family Home - Corrective Action Report

Provider ID: 1-560434
Home Name: Thelma Ortal, CNA Review ID: 1-560434-4
94-1079 Kaaholo Street Reviewer:
Waipahu HI 96797 Begin Date: 10/28/2016 End Date: 10/28/16

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 10/28/16. PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager
Thelma Ortal

Primary Care Giver

Date
10/28/2016

Date