

Foster Family Home - Corrective Action Report

Provider ID: 1-564428

Home Name: Nancy Modumo, CNA

Review ID: 1-564428-6

91-1088 Kaunolu Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 12/21/2016

End Date: 12/22/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 12/21/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Nancy C. Modumo

Primary Care Giver

Date

12/21/16

Date