

Foster Family Home - Corrective Action Report

Provider ID: 1-622482

Home Name: Rowena Cenence, CNA

Review ID: 1-622482-4

1123 Walmano Home Road

Reviewer:

Pearl City HI 96782

Begin Date: 8/3/2016

End Date: 8/3/16

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit on 8/3/16 for recertification review of 3 bed home. Home is in compliance with all requirements at time of review. Eligible for 2 year 3 bed certificate.

Compliance Manager

Rowena Cenence
Primary Care Giver

8/3/16

Date

8-3-16

Date