

# Foster Family Home - Corrective Action Report

Provider ID: 1-597544

Home Name: Rufina Samson, CNA

Review ID: 1-597544-4

91-1178 Kupipi Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/29/2016

End Date: 11/29/16

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 11/29/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

*Rufina G. Samson*

Primary Care Giver

Date

*11-29-2016*

Date