

Foster Family Home - Corrective Action Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-3

724 Ihi Ihi Avenue

Reviewer:

Wahiawa

HI 96786

Begin Date: 1/3/2017

End Date:

1/3/17

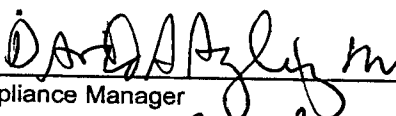
Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for 2 person CCFH recertification review made on 1/3/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

1/3/17
Date

1/3/17
Date