

Foster Family Home - Corrective Action Report

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA

Review ID: 1-511289-5

91-1060 Hamana Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/11/2017

End Date: 1/11/17

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/11/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Erlinda D Ortal

Primary Care Giver

Date

1/11/2017

Date