

# Foster Family Home - Corrective Action Report

Provider ID: 2-160009

Home Name: Florabel Dalmacio, CNA

Review ID: 2-160009-2

15-1987 32nd Ave

Reviewer:

Keauu

HI 96749

Begin Date: 1/25/2017

End Date:

1/30/17

Foster Family Home Required Certificate

1471454-6

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

Comment:

Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible to be recertified for two clients for two years.

\_\_\_\_\_  
Compliance Manager

Flordal Dalmacio  
Primary Care Giver

1/25/17  
Date

1/25/17  
Date