

Foster Family Home - Corrective Action Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-5

2515 Naio St.

Reviewer:

Honolulu HI 96819

Begin Date: 1/13/2017

End Date:

1/13/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1)- The Home visited on 1/13/2017 for a 2-bed CCFFH environmental review. Home is in compliance with all environmental requirements. Move letter given with a move date of 1/15/2017.

Compliance Manager



Primary Care Giver

1/13/17

Date

01/13/17

Date