

Foster Family Home - Corrective Action Report

Provider ID: 1-160032

Home Name: Glenda Pita, CNA

Review ID: 1-160032-2

760 Hoomalimali St.

Reviewer: [REDACTED]

Pearl City

HI 96782

Begin Date: 4/25/2017

End Date: 4/25/17

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 4/25/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date