

# Foster Family Home - Corrective Action Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-6

91-915 Mailani Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 3/9/2017

End Date:

3/9/17

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 3 person CCFFH recertification review made on 3/9/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

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

Ederlina Tangonan  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

3/9/17

\_\_\_\_\_  
Date