

# Foster Family Home - Corrective Action Report

Provider ID: 1-130053

Home Name: Paulina Alboroto, CNA      Review ID: 1-130053-4  
94-552 Koaleo Street      Reviewer: David Ayling  
Waipahu      HI      96797      Begin Date: 3/2/2017      End Date: 3/2/17

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 3/2/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

*Paulina Alboroto*

Primary Care Giver

Date

*3/2/17*

Date