

Foster Family Home - Corrective Action Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

Review ID: 4-140066-4

161 West Papa Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 8/30/2017

End Date: 8/30/17

Foster Family Home

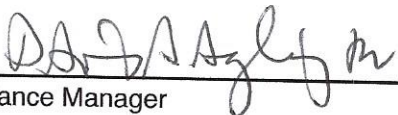
Required Certificate

[17-1454-6]


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

Comment:

Home visit for a 2 person CCFFH requesting to increase to a 3 client CCFFH. Recertification review made on 8/30/17. Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager

8/30/17
Date


Primary Care Giver

8/30/2017
Date