

Foster Family Home - Corrective Action Report

Provider ID: 1-140063

Home Name: Rosalinda C. Alfaro, CNA

Review ID: 1-140063-4

1268 Glen Avenue

Reviewer: Sue Lo

Wahiawa

HI 96786

Begin Date: 8/24/2017

End Date: 8/24/2017

Foster Family Home

Required Certificate

[17-1454-6]

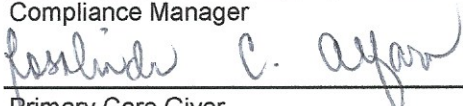
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.



Compliance Manager



Primary Care Giver



Date



Date