

Foster Family Home - Corrective Action Report

Provider ID: 1-521783

Home Name: Rowena Lat, CNA

Review ID: 1-521783-4

96-239 Waiawa Road, Apt. B

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 9/26/2017

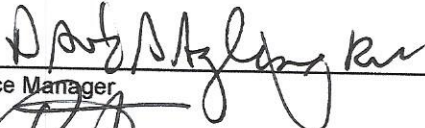
End Date: 9/26/17

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 9/26/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

Date

9/26/17


Primary Care Giver

Date

9/26/17