

Foster Family Home - Corrective Action Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

386 Kahiki Street

Kahului

HI

96732

Review ID: 4-591843-4

Reviewer: David Ayling

Begin Date: 10/2/2017

End Date: 10/2/17

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 3 person CCFFH recertification review made on 10/2/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

Imelda O. ALC
Primary Care Giver

10/2/17
Date

10-02-17
Date