

Foster Family Home - Corrective Action Report

Provider ID: 1-587793

Home Name: Rebecca Dulatre, CNA

Review ID: 1-587793-6

87-586 Manuu Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 10/10/2017

End Date: 10/10/17

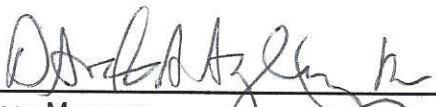
Foster Family Home Required Certificate

[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 10/10/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

10/10/17

Date

10/11/2017

Date