

# Foster Family Home - Corrective Action Report

Provider ID: 1-636053

Home Name: Roselle Catamping, CNA

Review ID: 1-636053-5

94-1041 Kaaholo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/23/2017

End Date: 10/23/17

Foster Family Home

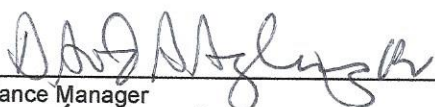
Required Certificate

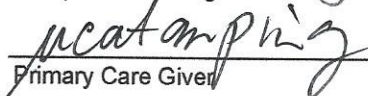
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFH recertification review made on 10/23/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

10/23/17  
Date

10/23/17  
Date