

Foster Family Home - Corrective Action Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-7

91-1055 Uouoa Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 11/8/2017

End Date: 11/8/17

Foster Family Home

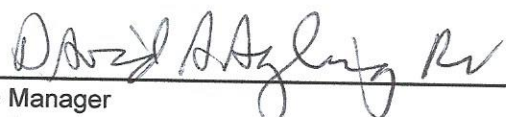
Required Certificate

[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 11/8/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

11/8/17
Date


Primary Care Giver

11/8/17
Date