

# Foster Family Home - Corrective Action Report

Provider ID: 1-589400

Home Name: Joel Rosales, CNA

Review ID: 1-589400-4

91-838 Kauwili Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 12/14/2017

End Date: 12/14/17

Foster Family Home

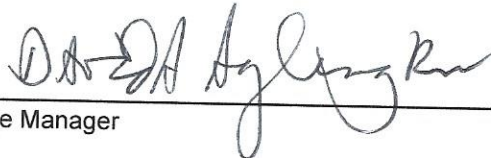
Required Certificate

[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 12/14/17. PCG requests to decrease to a 2 client CCFFH. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager

12/14/17

Date



Primary Care Giver

12/14/17

Date