

Foster Family Home - Corrective Action Report

Provider ID: 1-589393

Home Name: Regina Rader, CNA

Review ID: 1-589393-6

94-291 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/3/2018

End Date: 1/3/18

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 2 person CCFFH recertification review made on 1/3/18. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling Rv
Compliance Manager

Regina C. Rader
Primary Care Giver

1/3/18
Date

1/3/18
Date