

# Foster Family Home - Corrective Action Report

Provider ID: 1-512964

Home Name: Rosemarie Pe Benito, RN

Review ID: 1-512964-4

91-1027 Ho'ohilu Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/19/2018

End Date: 1/19/18

Foster Family Home

Required Certificate

[17-1454-6]

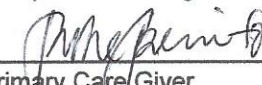
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/19/18. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

1/19/18  
Date

  
Primary Care Giver

1/19/18  
Date