

Foster Family Home - Corrective Action Report

Provider ID: 1-170027

Home Name: Roxanne Medrano, CNA
91-1222 Hanaloa St.
Ewa Beach HI 96706

Review ID: 1-170027-2
Reviewer: David Ayling
Begin Date: 3/28/2018

End Date: 3/28/18

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 3/28/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

David Ayling, RV
Compliance Manager

3/28/18
Date

Roxanne Medrano
Primary Care Giver

3-28-18
Date