

Foster Family Home - Corrective Action Report

Provider ID: 1-574625

Home Name: Rebecca Madrid, CNA

2646 Kalihi Street

Honolulu

HI 96819

Review ID: 1-574625-5

Reviewer: David Ayling

Begin Date: 7/18/2018

End Date: 7/18/18

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 7/18/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling RN
Compliance Manager

Rebecca Madrid
Primary Care Giver

7/18/18
Date

7/18/18
Date