

Foster Family Home - Corrective Action Report

Provider ID: 4-510843

Home Name: Norma Romero, CNA

Review ID: 4-510843-5

46 Aoiwa Loop

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 7/24/2018

End Date: 7/24/18

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 7/24/18.

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

Compliance Manager

Primary Care Giver

Date

Date