

Foster Family Home - Corrective Action Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

Review ID: 4-140066-5

161 West Papa Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 7/24/2018

End Date: 7/24/18

Foster Family Home

Required Certificate

[17-1454-6]

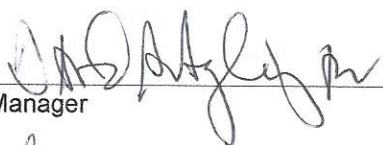
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 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



Date

7/24/18

Primary Care Giver



Date

7/24/2018