

# Foster Family Home - Corrective Action Report

Provider ID: 1-622482

Home Name: Rowena Cenence, CNA

Review ID: 1-622482-5

843 Hoomoana St

Reviewer: Angelica Galindo

Pearl City HI 96782

Begin Date: 7/19/2018

End Date: 7/19/18

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 one 7/19/2018.

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

*AG Galindo, RN*

Compliance Manager

*R Cenence*

Primary Care Giver

*7/19/18*

Date

*7/19/18*

Date