

Foster Family Home - Corrective Action Report

Provider ID: 1-100070

Home Name: Amalia Garcia-Lindenmuth,
CNA

Review ID: 1-100070-6

123 Uakanikoo Place

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 9/5/2018

End Date: 9/5/18

Foster Family Home

Required Certificate

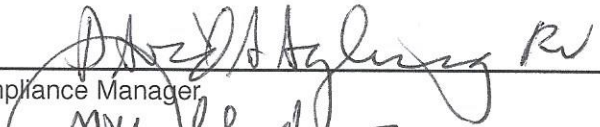
[17-1454-6]


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

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/5/18.

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