

# Foster Family Home - Corrective Action Report

Provider ID: 1-510570

Home Name: Norma Carino, CNA

Review ID: 1-510570-4

91-116 Hailipo Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/29/2018

End Date: 8/29/18

Foster Family Home

Required Certificate


[17-1454-6]

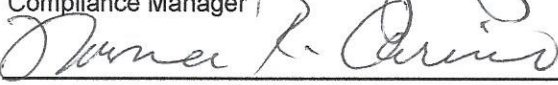
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/29/18.

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

8/29/18  
Date

8/29/18  
Date