

Foster Family Home - Corrective Action Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

Review ID: 4-160064-4

547 Kaulana St.

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 8/20/2018

End Date: 8/20/18

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 8/20/18. CCFFH currently has no patients. PCG requests to increase to a 3 client CCFFH

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

Compliance Manager

David Ayling

Date

8/20/18

Primary Care Giver

[Signature]

Date

8/20/18