

# Foster Family Home - Corrective Action Report

Provider ID: 1-509648

Home Name: Roina Dumalag, CNA

Review ID: 1-509648-6

94-889 Kuhaulua Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/24/2018

End Date: 9/24/18

Foster Family Home

Required Certificate


[17-1454-6]

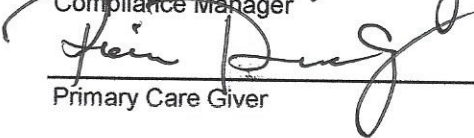
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/24/18.

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

  
Compliance Manager

  
Primary Care Giver

9/24/18  
Date

9/24/18  
Date