

# Foster Family Home - Corrective Action Report

Provider ID: 4-511057

Home Name: Imelda Cordero, CNA

Review ID: 4-511057-6

74 Kuuhoa Place

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 9/11/2018

End Date: 9/11/18

Foster Family Home

Required Certificate

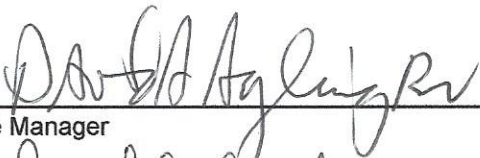
[17-1454-6]

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


Comment:

Home visit for a 2 person CCFFH recertification review made on 9/11/18.

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

  
Compliance Manager

9/11/18  
Date

  
Primary Care Giver

9-11-18  
Date