

Foster Family Home - Corrective Action Report

Provider ID: 1-170079

Home Name: Rachel Salva, CNA

Review ID: 1-170079-2

91-1009 Pailani Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 11/27/2018

End Date: 11/28/18

Foster Family Home

Required Certificate

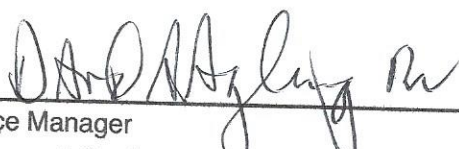
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/27/18.

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


Compliance Manager

11/27/18
Date


Primary Care Giver

11/27/18
Date