Foster Family Home - Corrective Action Report

Provider ID:	**1-140043**				
Home Name:	**Magdalena A. Duldulao, CNA**	**Review ID:**	**1-140043-4**		
91-1750A Ala Loa Street		Reviewer:	Sue Lo		
Ewa Beach	HI 96706	Begin Date:	2/22/2018	End Date:	2/22/2018

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

6 (d)(1) Requirements at the time of the home visit made for a 2-bed change to 3-bed certification. No corrective action required.

Compliance Manager — Date: 2/22/2018

Magdalena A. Duldulao
Primary Care Giver — Date: 2/22/2018

2/22/2018 16:10 PM