

Foster Family Home - Corrective Action Report

Provider ID: 1-160032

Home Name: Glenda Pita, CNA

Review ID: 1-160032-3

760 Hoomalimali Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 3/19/2019

Foster Family Home

Required Certificate

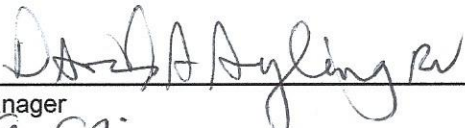
[11-800-6]

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

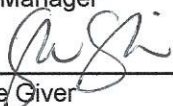
Comment:

Home inspection for a 2 person CCFFH recertification made on 3/19/19.

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


Compliance Manager

3/19/19
Date


Primary Care Giver

3/19/19
Date