

Foster Family Home - Corrective Action Report

Provider ID: 1-584020

Home Name: Renelda Raposas, CNA

Review ID: 1-584020-5

1261 Hooli Circle

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 3/15/2019

Foster Family Home

Required Certificate


[11-800-6]

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

Comment:

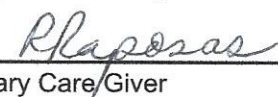
Home inspection for a 2 person CCFFH recertification made on 3/15/19.

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



Compliance Manager

3/15/19
Date



Primary Care Giver

3/15/19
Date