Foster Family Home - Corrective Action Report

Provider ID: **1-140063**

Home Name: **Rosalinda C. Alfaro, CNA**

1268 Glen Avenue

Wahiawa HI 96786

Review ID: **1-140063-5**

Reviewer: David Ayling

Begin Date: 9/13/2019

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 9/13/19.

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

David Ayling RN

Compliance Manager

9/13/19

Date

Rosalinda C. Alfaro

Primary Care Giver

9/13/19

Date

9/14/2019 13:02 PM