

Provider ID: 1-628159

Home Name: Alma Abellanosa, CNA

Review ID: 1-628159-6

2416 Wilson Street

Reviewer: Pamela Perry

Honolulu

HI 96819

Begin Date: 3/5/2020

Foster Family Home

Required Certificate

[11-800-6]


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

Comment:

6.(d)(1)- Home Inspection for 3 person CCFFH recertification review made on 3/5/2020. Home in Compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager

3/5/20
Date


Primary Care Clinician

5/14/2020