

Foster Family Home - Corrective Action Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-9

3402 A Maluhia Street

Reviewer: Pamela Perry

Honolulu HI 96816

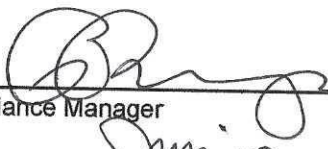
Begin Date: 6/8/2020

Foster Family Home **Required Certificate** **[11-800-6]**

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

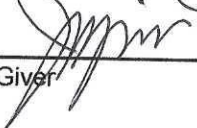
Comment:

Unannounced home visit for Annual inspection of 2 bed CCFFH made on 6/16/2020. Home in compliance with all regulations.



Compliance Manager

6/16/20
Date



Primary Care Giver

6/16/20
Date