

Foster Family Home - Corrective Action Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

Review ID: 4-160064-9

547 Kaulana Street

Reviewer: Terri Van Houten

Kahului HI 96732

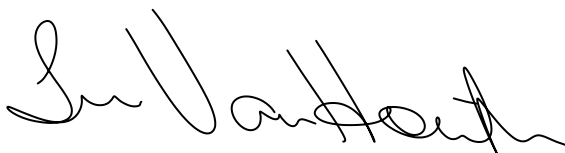
Begin Date: 7/8/2021

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

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

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver

7/8/21

Date

7/8/21

Date

7/8/2021 10:48:30 AM