Foster Family Home - Corrective Action Report

Provider ID: **1-561052**

Home Name: **Mayrose Bocoboc, CNA** **Review ID:** **1-561052-4**

990 Paaaina Street Reviewer: [redacted]

Pearl City HI 96782 Begin Date: 10/5/2015 End Date: 10/15/15

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit for a 2 person recertification review made on 10/5/15.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

[redacted] 10/5/15
Compliance Manager Date

MBocoboc 10/5/15
Primary Care Giver Date