

# Foster Family Home - Corrective Action Report

Provider ID: 1-140047

Home Name: Marilou E. Guieb, NA

215 Thomas Street

Wahiawa HI 96786

Review ID: 1-140047-2

Reviewer:

Begin Date: 6/17/2015

End Date: 6/17/2015

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 6/17/15.  
No Corrective Action Report issued during home visit.

Compliance Manager

Marilou E. Guieb  
Primary Care Giver

6/17/15  
Date

6/17/15  
Date