

# Foster Family Home - Corrective Action Report

Provider ID: 1-510893

Home Name: Mariquit Delong, CNA

Review ID: 1-510893-3

94-402 Opeha Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/17/2015

End Date: 4/17/15

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 3 person recertification review made on 4/17/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*Mariquit Delong*  
\_\_\_\_\_  
Primary Care Giver

*4/17/15*  
\_\_\_\_\_  
Date

*4/17/15*  
\_\_\_\_\_  
Date