

Foster Family Home - Corrective Action Report

Provider ID: 5-140026

Home Name: Marites Anacleto, CNA

Review ID: 5-140026-2

3815 Uakea Place

Reviewer

Lawai HI 96756

Begin Date: 7/23/2015

End Date: 7/23/15

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 certification review for a new CCFH made on 7/23/15. Home is in compliance with all requirements. Home will receive a 1 year 2 bed certification.

Compliance Manager

Marites P. Anacleto

Primary Care Giver

Date

7/23/15

Date

7-23-15