

Foster Family Home - Corrective Action Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

94-745 Kime Street

Waipahu

HI 96797

Review ID: 1-120076-4

Reviewer:

Begin Date: 3/19/2015

End Date: 3/19/15

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 3/19/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date