

Foster Family Home - Corrective Action Report

Provider ID: 1-510661

Home Name: Cecilia Mariano, LPN

Review ID: 1-510661-4

94-543 Kahuanani Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/8/2015

End Date: 7/8/15

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 7/8/15.

PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.



Compliance Manager

[Handwritten Signature]

Primary Care Giver

7/8/15

Date

7/8/15

Date