

# Foster Family Home - Corrective Action Report

Provider ID: 1-510934

Home Name: Maria Editha Castillo, CNA

Review ID: 1-510934-3

94-264 Hanawai Circle

Reviewer:

Waipahu HI 96797

Begin Date: 1/4/2016

End Date: 1/4/16

Foster Family Home

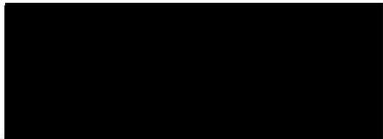
Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home survey conducted 1/4/2016 for recertification of three client home. All requirements met at time of review. Two year certification issued.

  
Compliance Manager

Maria Editha Castillo  
Primary Care Giver

1-5-16  
Date

1-5-2016  
Date