

Foster Family Home - Corrective Action Report

Provider ID: 1-617699

Home Name: Maribel Fernandez, CNA

Review ID: 1-617699-3

2380 Hooehoi Street

Reviewer:

Pearl City HI 96782

Begin Date: 11/27/2015

End Date: 11/27/15

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 11/27/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager

Maribel Fernandez
Primary Care Giver

11/27/15
Date

11/27-15
Date