

Foster Family Home - Corrective Action Report

Provider ID: 1-090041

Home Name: Maricel Rosario, CNA

Review ID: 1-090041-6

94-736 Kaaka Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/15/2015

End Date: 12/24/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Primary Care Giver

12/15/2015

Date

12/15/2015

Date