

Foster Family Home - Corrective Action Report

Provider ID: 1-561804

Home Name: Marie Angelie Valencia, RN

Review ID: 1-561804-3

94-1128 Halelehua Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/9/2015

End Date: 12/9/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home survey performed for recertification of three client CCFFH. All requirements met at time of review. Two year certification issued.



Compliance Manager

Primary Care Giver

12/10/15

Date

12/10/15

Date