

Foster Family Home - Corrective Action Report

Provider ID: 1-509622

Home Name: Marina Fernandez, LPN

Review ID: 1-509622-5

91-931 Ihupani Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 12/7/2015

End Date: 12/7/15

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 3 person recertification review made on 12/7/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

Marina Fernandez
Primary Care Giver

12/7/15
Date

12/7/15
Date