

# Foster Family Home - Corrective Action Report

Provider ID: 1-617699

Home Name: Maribel Fernandez, CNA

2380 Hooohoihi Street

Pearl City

HI 96782

Review ID: 1-617699-2

Reviewer: [REDACTED]

Begin Date: 2/25/2015

End Date:

2/25/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for initial certification of 2 bed home on 2/25/15. All requirements met at time of review. Eligible for 1 year certification.

Joan Seo-Gone RA 1/15/15  
Compliance Manager

2/25/15  
Date

Maribel Fernandez  
Primary Care Giver

2/25/15  
Date