Foster Family Home - Corrective Action Report

Provider ID: 1-512360

Home Name: Margarita Organista Aquino, CNA

Review ID: 1-512360-4

94-106 Poailani Circle

Reviewer:

Waipahu HI 96797

Begin Date: 1/4/2016 End Date: 1/4/2016

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home survey conducted 1/4/2016 for recertification of three client CCFFH. All requirements met at time of review.

Email Address: [redacted]

CM

Compliance Manager 1/4/16 Date

[redacted]

Primary Care Giver 1/26/16 Date

1/4/2016 20:48 PM