

Foster Family Home - Corrective Action Report

Provider ID: 2-572520

Home Name: Agrifina Marcos, CNA

Review ID: 2-572520-5

5-1754 22nd Avenue, Paradise Drive

Reviewer:

Hawaii HI 96749

Begin Date: 12/2/2015

End Date:

12/2/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 12/2/15 for a three bed recertification. No Corrective Action Report issued during home visit. Home in compliance on day of survey. Home to receive a two year recertification for three clients.

Compliance Manager

Primary Care Giver

Date

Date

12-2-15

12-2-15