

Foster Family Home - Corrective Action Report

Provider ID: 1-563305

Home Name: Maribel Felicelda, CNA

Review ID: 1-563305-4

1726 Elua Street

Reviewer:

Honolulu HI 96819

Begin Date: 2/11/2016

End Date: 2/11/16

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 2/12/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

MC Felicelda

Primary Care Giver

Date

2/11/16

Date