

Foster Family Home - Corrective Action Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

Review ID: 1-562240-4

94-829 Kime Street

Reviewer:

Waipahu

HI 96797

Begin Date: 1/27/2016

End Date: 1/27/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted 1/27/16 for recertification of three client CCFFH. All requirements met on date of review. Two year certification issued.

Compliance Manager

Primary Care Giver

1/27/16
Date

1/29/2016
Date