

Foster Family Home - Corrective Action Report

Provider ID: 1-110018

Home Name: Charly Micua, CNA

Review ID: 1-110018-6

94-423 Hiahia Loop

Reviewer:

Waipahu HI 96797

Begin Date: 3/22/2016

End Date: 3/22/16

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

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

Comment:

Home visit for recertification review of 3 client home [REDACTED] All requirements met at time of review. Home to receive 3 bed 2 year certification.