

Foster Family Home - Corrective Action Report

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|-----------------------------------|------------------------------|--------------------------|
| Provider ID: 1-562810 | | |
| Home Name: Evelyn Mar, CNA | Review ID: 1-562810-3 | |
| 94-959 Lumimoo Street | Reviewer: | |
| Waipahu HI 96797 | Begin Date: 7/11/2016 | End Date: 7/11/16 |

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

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

Comment:

Home visit for recertification of 2 bed home [REDACTED]. All requirements met at time of review. Home eligible for 2 year 2 bed certificate.

