

Foster Family Home - Corrective Action Report

Provider ID: 1-570219

Home Name: Mabelle Callorina, CNA

Review ID: 1-570219-3

94-708 Loaa Street

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 [REDACTED] for recertification review of 2 bed home changing to 3 bed home. All requirements met at time of review. Home eligible for 1 year 3 bed certificate.