

Foster Family Home - Corrective Action Report

Provider ID: 1-120021

Home Name: Marcela Buted, NA

Review ID: 1-120021-4

1616 Maliu Street

Reviewer:

Honolulu HI 96819

Begin Date: 3/15/2016

End Date: 3/15/16

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 2 person recertification review [REDACTED]

Currently has no clients. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.