

Foster Family Home - Corrective Action Report

Provider ID: 1-569931

Home Name: Marcelina Tito, CNA

Review ID: 1-569931-3

91-851 Kapana Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 7/21/2016

End Date: 7/21/16

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 3 person recertification review [REDACTED]. Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the review

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.