

Foster Family Home - Corrective Action Report

Provider ID: 1-120048

Home Name: Maria Tabladillo, CNA

Review ID: 1-120048-5

94-483 Opeha Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/21/2016

End Date:

6/21/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

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