

# Foster Family Home - Corrective Action Report

Provider ID: 1-160029

Home Name: Marissa Garcia

Review ID: 1-160029-1

1058 Uluwale St.

Reviewer:

Wahiawa HI 96786

Begin Date: 5/19/2016

End Date: 5/19/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for initial review of 2 client home that is changing primary caregivers. All review requirements met on day of review. Certificate will be issued to this caregiver upon approval by the Medicaid Health care providers Aloha Care and United Health Care which are currently serving the clients under [REDACTED] as primary care giver..