

Foster Family Home - Corrective Action Report

Provider ID: 1-576952

Home Name: Marites Edades, CNA

Review ID: 1-576952-5

3443 Likini Street

Reviewer:

Honolulu HI 96818

Begin Date: 5/25/2016

End Date:

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