

Foster Family Home - Corrective Action Report

Provider ID: 1-130035

Home Name: Ricky Mericle, CNA

Review ID: 1-130035-5

4483 Luaole Street

Reviewer:

Honolulu

HI 96818

Begin Date: 4/26/2016

End Date: 4/26/16

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