

# Foster Family Home - Corrective Action Report

Provider ID: 1-130009

Home Name: Rosarie Marquez, CNA

Review ID: 1-130009-6

45-388 Kamehameha Hwy

Reviewer:

Kaneohe HI 96744

Begin Date: 3/14/2016

End Date: 3/18/2016

Foster Family Home Required Certificate

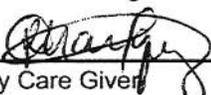
[17-1454-6]

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

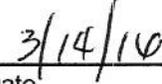
Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date