

Foster Family Home - Corrective Action Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

Review ID: 2-120079-5

15-1617 31st Street

Reviewer:

Keaau HI 96749

Begin Date: 12/2/2015

End Date: 12/2/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 12/2/15 for 3 bed recertification. Corrective actin Report issued during home visit. Home in compliance on day of survey. Home to be recertified for two years for three clients.

Marfe Retundo
Compliance Manager

Marfe Retundo
Primary Care Giver

12-2-15
Date

12/2/15
Date