

Foster Family Home - Corrective Action Report

Home Name: **Macrene Brown, CNA**
564 Imi Dr.
Wailuku HI 96793

Review ID: **4-150076-2**
Reviewer:
Begin Date: **9/27/2016**

End Date: **9/27/16**

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 2 person CCFFH recertification review made on 9/27/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Macrene C. Brown

Primary Care Giver

Date

9/27/16

Date