

Foster Family Home - Corrective Action Report

Provider ID: 1-140072

Home Name: Maria Charlotte Quitevis, CNA

Review ID: 1-140072-3

94-524 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/26/2016

End Date:

9/26/16

Foster Family Home Required Certificate

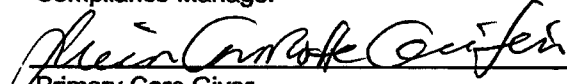
[17-1454-6]

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

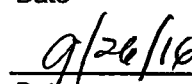
Comment:

Home visit for a 2 person CCFFH recertification review made on 9/26/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager


Primary Care Giver

Date


Date