

Foster Family Home - Corrective Action Report

Provider ID: 1-140038

Home Name: Mayrose Mendoza, CNA

Review ID: 1-140038-4

3379 Likini Street

Reviewer:

Honolulu

HI 96818

Begin Date: 9/14/2016

End Date: 9/14/16

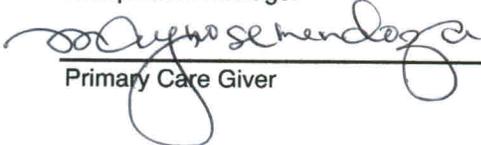
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/14/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager


Primary Care Giver

Date

9/14/16

Date