

Foster Family Home - Corrective Action Report

Provider ID: 1-510661

Home Name: Cecilia Mariano, LPN

Review ID: 1-510661-5

94-543 Kahuanani Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/21/2016

End Date: 11/21/16

Foster Family Home Required Certificate

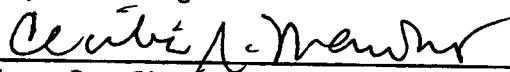
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/21/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager


Primary Care Giver

Date

11-21-16

Date