

# Foster Family Home - Corrective Action Report

Provider ID: 1-521791

Home Name: Maricar Francisco, CNA

Review ID: 1-521791-4

94-728 Kumau Place

Reviewer:

Waipahu HI 96797

Begin Date: 11/2/2016

End Date: 11/2/16

Foster Family Home Required Certificate

[47-1454-6]

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

Comment:

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

\_\_\_\_\_  
Compliance Manager

*Maricar Francisco*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*11-02-16*  
\_\_\_\_\_  
Date