

# Foster Family Home - Corrective Action Report

Provider ID: 1-120026

Home Name: Maridel Sagun, CNA

Review ID: 1-120026-7

91-1060 Kaunolu St

Reviewer:

Ewa Beach

HI 96706

Begin Date: 11/10/2016

End Date: 11/10/16

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 CCFH recertification review made on 11/10/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date