

Foster Family Home - Corrective Action Report

Provider ID: 1-160070

Home Name: Marissa Rutz, CNA

Review ID: 1-160070-1

94-1487 Kahualoa St.

Reviewer:

Waipahu HI 96797

Begin Date: 10/24/2016

End Date: 10/24/16

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

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

Comment:

6(d)(1) New home visit made on 10/24/16 for a 2-bed certification.
No corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager

Manning

Primary Care Giver

Date

10/24/16

Date

10/24/2016 17:52 PM