

Foster Family Home - Corrective Action Report

Provider ID: 4-000003

Home Name: Marites Quedding, NA

Review ID: 4-000003-1

286 South Puunene Avenue

Reviewer:

Kahului HI 96732

Begin Date: 11/16/2016

End Date: 11/19/2016

Foster Family Home Required Certificate

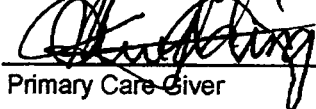
[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the New Home visit made on 11/16/2016. No corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager



Primary Care Giver

Date

11/16/16

Date