

Foster Family Home - Corrective Action Report

Provider ID: 1-631300

Home Name: Mary Jane Dela Pena, CNA Review ID: 1-631300-5

94-1336 Huakai Street Reviewer:

Waipahu HI 96797 Begin Date: 11/3/2016 End Date: 11/3/16

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

Compliance Manager
Mary Jane V. Dela Pena

Primary Care Giver

Date
11/3/16

Date