

Foster Family Home - Corrective Action Report

Provider ID: 1-586703

Home Name: Mary Jane Mades, CNA

Review ID: 1-586703-3

1034 Matzie Lane

Reviewer:

Honolulu

HI 96817

Begin Date: 11/4/2016

End Date: 11/4/2016

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 home visit made on 11/4/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Larcope Madz

Primary Care Giver

Date

11/04/16

Date