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Fax Memo

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Foster Family Home - Corrective Action Report

Provider ID: 1-591372

Home Name: Marylo Farinas, CNA
91-1057 Aeae St.

Review ID: 1-591372-6

Reviewer:

Ewa Beach HI 96708

Begin Date: 11/17/2016

End Date: 11/17/16

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 11/17/16.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed recertification.

Compliance Manager

Marylo Farinas

Primary Care Giver

11-17-16
Date

11-17-16
Date