

Foster Family Home - Corrective Action Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-3

3835 Likini St

Reviewer:

Honolulu

HI 96818

Begin Date: 8/23/2016

End Date:

8/23/16

Foster Family Home - Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/23/16 for recertification review of 2 bed home changing to 3 bed. All requirements met at time of review. Home eligible for a 1 year 3 bed certificate.

Compliance Manager

Marcela M. Briones

Primary Care Giver

Date

8/23/16

Date