

Foster Family Home - Corrective Action Report

Provider ID: 1-579675

Home Name: Margerie Medina, CNA

Review ID: 1-579675-5

92-580 Pilipono Street

Reviewer:

Kapolei HI 96707

Begin Date: 9/12/2016

End Date: 9/12/16

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 9/12/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance manager

Primary Care Giver

Date

Date