

Foster Family Home - Corrective Action Report

Provider ID: 1-100071

Home Name: Maria Fe Mabborang, CNA

Review ID: 1-100071-4

91-1747 Kuapuu Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 8/9/2016

End Date:

8/9/14

Foster Family Home Required Certificate

[17,145,6]

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

Comment:

Home visit on 8/9/16 for recertification review of 2 bed home changing to 3 bed. All requirements met at time of review. Home eligible for 1 year 3 bed certificate.

Compliance Manager

Maria Fe Mabborang

Primary Care Giver

Date

08/09/16

Date

8/9/2016 19:50 PM