

Foster Family Home - Corrective Action Report

Provider ID: 1-595457

Home Name: Maricris Rodriguez, CNA

Review ID: 1-595457-4

91-1003 Opaehuna Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/3/2017

End Date: 2/3/17

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 CCFFH recertification review made on 2/3/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

[Signature]

Primary Care Giver

Date

2/3/17

Date