

Foster Family Home - Corrective Action Report

Provider ID: 1-527252

Home Name: Marietta Faustorilla, CNA

Review ID: 1-527252-3

94-921 Kuhaulua Street

Reviewer:

Waipahu

HI 96797

Begin Date: 1/30/2017

End Date: 1/30/17

Foster Family Home Required Certificate

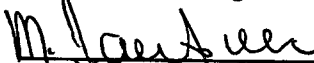
[17-1454-6]

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

Comment:

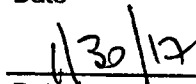
Home visit for a 2 person CCFFH recertification review made on 1/30/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date



Date