

# Foster Family Home - Corrective Action Report

Provider ID: 1-160029

Home Name: Marissa Garcia, CNA

Review ID: 1-160029-2

1058 Uluwale St.

Reviewer: [REDACTED]

Wahiawa HI 96786

Begin Date: 4/26/2017

End Date: 4/26/17

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 4/26/17. PCG requests to increase to a 3 client CCFFH. Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*Marissa Garcia*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*4/26/17*  
\_\_\_\_\_  
Date