

# Foster Family Home - Corrective Action Report

Provider ID: 1-170038

Home Name: Glenda Mercado, CNA

Review ID: 1-170038-1

94-1065 Lumiauu St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 7/10/2017

End Date: 7-10-17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a new 2 bed CCFFH certification survey. 24/2017. Home is in compliance with all requirements and is eligible for a 1 year 2 bed certificate.

*Carrie Wakai*

Compliance Manager

*Glenda A. Mercado*

Primary Care Giver

*7-10-17*

Date

*7/10/17*

Date