

Foster Family Home - Corrective Action Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

Review ID: 1-624610-7

94-1237 Halelehua Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 6/21/2017

End Date: 7/6/2017

Foster Family Home


Required Certificate

[17-1454-6]

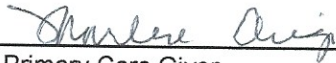
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit made on 6/21/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.



Compliance Manager



Primary Care Giver

6/21/2017
Date

6/21/17
Date