

Foster Family Home - Corrective Action Report

Provider ID: 1-510132

Home Name: Marcelina Ladines, CNA

Review ID: 1-510132-4

91-1025 North Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 3/14/2017

End Date: 3/14/17

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 3/14/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Marcelina Ladines

Primary Care Giver

Date

3-14-17

Date