

Foster Family Home - Corrective Action Report

Provider ID: 1-170006

Home Name: Maria Keliholokai, CNA

Review ID: 1-170006-1

86-240 Leihua St.

Reviewer: Carrie Wakai

Walanae HI 96792

Begin Date: 2/27/2017

End Date:

2/27/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New home visit made on 2/27/2017 for a 2 bed certification.

6(d)(1)-see applicable sections of this review.

Requirements were met at the time of the review. No corrective action required. Home is eligible for a 1 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date

2/27/17

Date