

# Foster Family Home - Corrective Action Report

Provider ID: 1-100049

Home Name: Mario Patricio, CNA

Review ID: 1-100049-4

99-634 Hulumanu Street

Reviewer: Sue Lo

Aiea HI 96701

Begin Date: 3/22/2017

End Date: 3/22/2017

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 3/22/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

*Mario Patricio*

Primary Care Giver

Date

03/22/2017

Date