

Foster Family Home - Corrective Action Report

Provider ID: 1-510893

Home Name: Mariquit Delong, CNA

Review ID: 1-510893-4

94-402 Opeha Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 4/10/2017

End Date: 4/10/2017

Foster Family Home Required Certificate

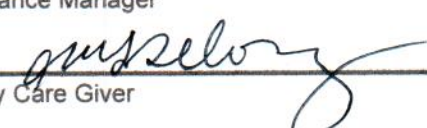
[17-1454-6]

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 4/10/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager



Primary Care Giver

4/10/2017
Date

4/10/17
Date