

Foster Family Home - Corrective Action Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

Review ID: 1-120076-5

94-745 Kime Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/3/2017

End Date: 3/3/17

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 3 person CCFFH recertification review made on 3/3/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Mary Cachola

Primary Care Giver

Date

3/3/17

Date