

# Foster Family Home - Corrective Action Report

Provider ID: 1-561226

Home Name: MaryAnn Barrientos, CNA

Review ID: 1-561226-4

94-795 Nolupe Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/27/2017

End Date: 7/27/17

Foster Family Home

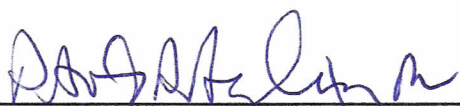
Required Certificate

[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 7/27/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

7/27/17  
Date

7/27/17  
Date