

Foster Family Home - Corrective Action Report

Provider ID: 1-110057

Home Name: Angelina Madrid, NA

530 Kani-ahe Street

Wahiawa

HI

96786

Review ID: 1-110057-5

Reviewer: Sue Lo

Begin Date: 8/22/2017

End Date: 8/24/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

SAB
Compliance Manager

Amadrid
Primary Care Giver

8/22/17
Date

8/22/17
Date