

Foster Family Home - Corrective Action Report

Provider ID: 1-633710

Home Name: Margielyn Acierto, RN

Review ID: 1-633710-5

955 Hanau Street

Reviewer: Sue Lo

Wahiawa HI 96786

Begin Date: 9/8/2017

End Date: 9/19/2017

Foster Family Home


Required Certificate

[17-1454-6]

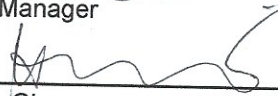
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



Compliance Manager



Primary Care Giver

9/8/2017

Date

9/8/17

Date