

Foster Family Home - Corrective Action Report

Provider ID: 4-587785

Home Name: Mary Jean Guira, RN

Review ID: 4-587785-4

383 West Papa Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 8/28/2017

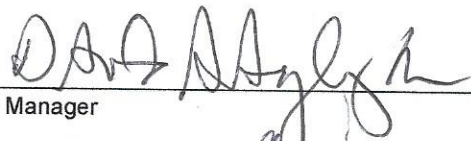
End Date: 8/28/17

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

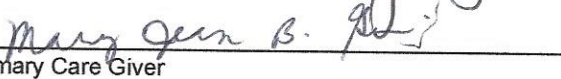
Home visit for a 3 person CCFFH recertification review made on 8/28/17.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



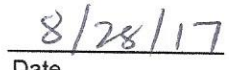
Compliance Manager



Date



Primary Care Giver



Date