

Foster Family Home - Corrective Action Report

Provider ID: 1-090070

Home Name: Gina Mauricio, CNA

Review ID: 1-090070-5

1052 Luehu St.

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 9/25/2017

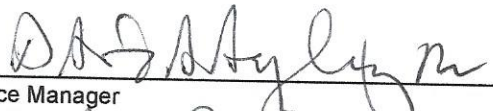
End Date: 9/25/17

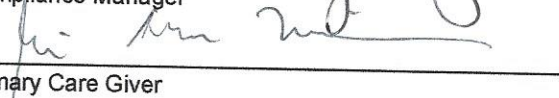
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/25/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

9/25/17
Date

9/25/17
Date