

Foster Family Home - Corrective Action Report

Provider ID: 1-587420

Home Name: Lilibeth Maramag, CNA

Review ID: 1-587420-4

91-1152 A Kaunolu St

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 9/29/2017

End Date: 9/29/2017

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 3 client CCFFH environmental review. Home is in compliance with all environmental requirements. Move letter given with a move in date of 10/16/17.



Compliance Manager

09-29-17
Date



Primary Care Giver

09-29-2017
Date