

# Foster Family Home - Corrective Action Report

Provider ID: 1-525339

Home Name: Mariza Magana, CNA

Review ID: 1-525339-8

94-1069 Hahana St.

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 9/14/2017

End Date: 9/16/2017

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.

Sue Lo  
Compliance Manager

9/14/2017  
Date

[Signature]  
Primary Care Giver

9/14/17  
Date