

# Foster Family Home - Corrective Action Report

Provider ID: 1-150073

Home Name: Marybeth Leano, CNA

Review ID: 1-150073-3

94-472 Hamau St.

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/13/2017

End Date:

9/13/17

Foster Family Home

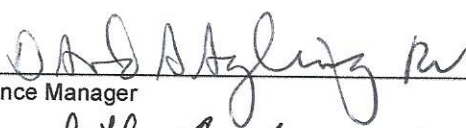
Required Certificate

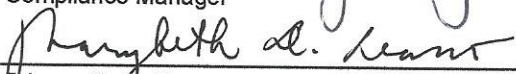
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/13/17.  
PCG requests to increase to a 3 client CCFFH. Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

Date

9/13/17

Date

9/13/2017