

Foster Family Home - Corrective Action Report

Provider ID: 1-512807

Home Name: Cynthia Maulit, LPN

Review ID: 1-512807-6

94-771 Koniaka Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/1/2017

End Date: 11/1/17

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 11/1/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David A Ayling
Compliance Manager

Cynthia Maulit
Primary Care Giver

11/1/17
Date

11/01/17
Date