

# Foster Family Home - Corrective Action Report

Provider ID: 1-120030

Home Name: Maria Calape, CNA

Review ID: 1-120030-8

91-714 Poloula Place

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 11/9/2017

End Date: 11/9/17

Foster Family Home

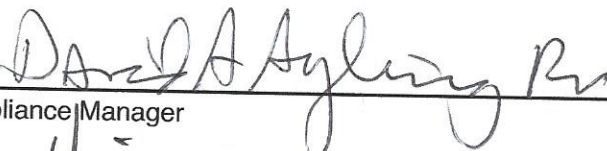
Required Certificate


[17-1454-6]

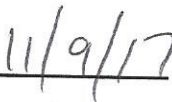
6.(d)(1) Comply with all applicable requirements in this chapter; and

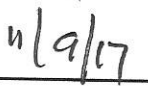
Comment:

Home visit for a 3 person CCFFH recertification review made on 11/9/17.  
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date