

Foster Family Home - Corrective Action Report

Provider ID: 1-090041

Home Name: Maricel Rosario, CNA

Review ID: 1-090041-8

94-1048 Awalai St

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/29/2017

End Date: 12/29/17

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 12/29/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

Maricel Rosario
Primary Care Giver

12/29/17
Date

12/29/17
Date