

Foster Family Home - Corrective Action Report

Provider ID: 4-597114

Home Name: Chita Madariaga, CNA

Review ID: 4-597114-5

801 Makaala Drive

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 2/6/2018

End Date: 2/6/18

Foster Family Home

Required Certificate

[17-1454-6]

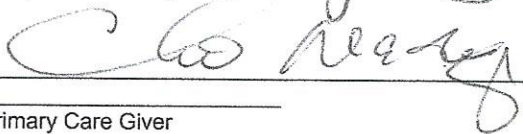
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/6/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager

2/6/18
Date


Primary Care Giver

2/6/18
Date