

Foster Family Home - Corrective Action Report

Provider ID: 1-120048

Home Name: Maria Tabladillo, CNA

Review ID: 1-120048-6

94-483 Opeha Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/13/2018

End Date: 2/13/18

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 2/13/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David A. Ayling RW
Compliance Manager

2/13/18
Date

P. CP- RL
Primary Care Giver

2/13/18
Date