

Foster Family Home - Corrective Action Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

Review ID: 1-562240-5

94-829 Kime Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 1/11/2018

End Date: 1/16/2018

Foster Family Home


Required Certificate

[17-1454-6]

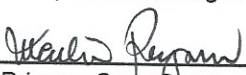
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

1/11/2018
Date

01/11/2018
Date