

Foster Family Home - Corrective Action Report

Provider ID: 1-636623

Home Name: Marlina Fernando, CNA

Review ID: 1-636623-6

91-1531 Kaikoi Place

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 2/15/2018

End Date: 2/15/2018

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 client CCFFH recertification survey. Home was in compliance with all requirements. Home will receive a 2 year 3 bed certificate.

Carrie Wakai RLW

Compliance Manager

[Signature]

Primary Care Giver

2/15/2018

Date

2/15/18

Date