

Foster Family Home - Corrective Action Report

Provider ID: 1-120021

Home Name: Marcela Buted, NA

Review ID: 1-120021-5

1616 Maliu Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/13/2018

End Date: 3/13/18

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 3/13/18.

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

David Ayling
Compliance Manager

3/13/18
Date

Marcela C. Buted
Primary Care Giver

3/13/18
Date