

# Foster Family Home - Corrective Action Report

Provider ID: 1-000177

Home Name: Marinellie Malvar, CNA

Review ID: 1-000177-6

91-1580 Wahane Street

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 2/1/2018

End Date: 2/1/2018

Foster Family Home


Required Certificate

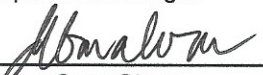
[17-1454-6]

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

2/1/2018  
Date

Feb. 1, 2018  
Date