

# Foster Family Home - Corrective Action Report

Provider ID: 1-170038

Home Name: Glenda Mercado, CNA

Review ID: 1-170038-4

94-882 Lumiholo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/8/2018

End Date: 5/8/18

Foster Family Home

Required Certificate

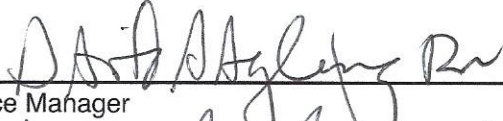
[17-1454-6]

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


Comment:

Home visit for a 2 person CCFFH recertification review made on 5/8/18.

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

  
Compliance Manager

5/8/18  
Date

  
Primary Care Giver

5/8/2018  
Date