

Foster Family Home - Corrective Action Report

Provider ID: 1-140041

Home Name: Maria Concepcion Ped, NA

Review ID: 1-140041-5

94-264 Puamano Pl

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/9/2018

End Date: 5/9/18

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 5/9/18.

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

David Ayling RV
Compliance Manager

5/9/18
Date

M. P. Ped
Primary Care Giver

Date