

Foster Family Home - Corrective Action Report

Provider ID: 1-576952

Home Name: Marites Edades, CNA

Review ID: 1-576952-7

91-1008 Makahaiaku St.

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 5/23/2018

End Date: 5/23/18

Foster Family Home

Required Certificate

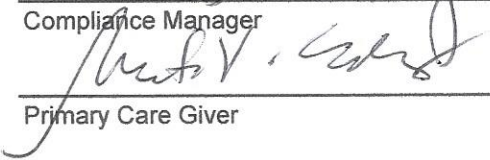
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 5/23/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager


Primary Care Giver

5/23/18
Date

5/23/18
Date