

# Foster Family Home - Corrective Action Report

Provider ID: 4-150062

Home Name: Melanie Salgado, CNA

Review ID: 4-150062-3

301-B Lakau Place

Reviewer: David Ayling

Kihei HI 96753

Begin Date: 4/26/2018

End Date: 4/26/18

Foster Family Home

Required Certificate


[17-1454-6]


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

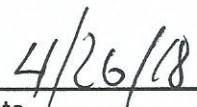
Comment:

Home visit for a 2 person CCFFH recertification review made on 4/26/18. PCG requests to increase to a 3 person CCFFH.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date