

Foster Family Home - Corrective Action Report

Provider ID: 1-180020

Home Name: Melkarth John D. Raqueno,
RN

Review ID: 1-180020-1

3454 Likini Street

Reviewer: Carrie Wakai

Honolulu HI 96818

Begin Date: 5/26/2018

End Date:

5/26/2018

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 new 2 bed CCFH certification survey. Home was in compliance with all requirements and will receive a 1 year 2 bed certification.

Carrie Wakai RN
Compliance Manager

MJR
Primary Care Giver

5/26/2018
Date

May 26, 2018
Date