

# Foster Family Home - Corrective Action Report

Provider ID: 1-578065

Home Name: Mari Angelene Maluyo, CNA

Review ID: 1-578065-6

2215 Auhuhu Street

Reviewer: David Ayling

Pearl City

HI 96782

Begin Date: 6/15/2018

End Date: 6/15/18

Foster Family Home

Required Certificate

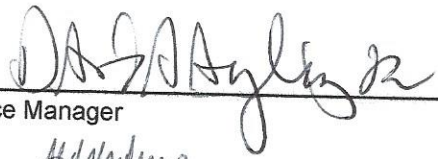
[17-1454-6]

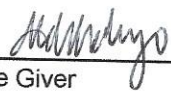
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 6/15/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

6/15/18  
Date

6/15/18  
Date