

Foster Family Home - Corrective Action Report

Provider ID: 1-598287

Home Name: Marilyn Miguel, CNA

Review ID: 1-598287-5

91-1101 Kaunolu Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 7/3/2018

End Date: 7/3/18

Foster Family Home

Required Certificate

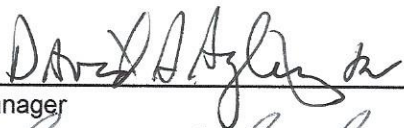
[17-1454-6]

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

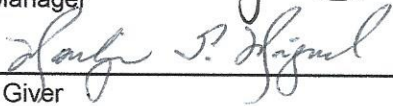
Comment:

Home visit for a 3 person CCFFH recertification review made on 7/3/18.

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


Compliance Manager

7/3/18
Date


Primary Care Giver

7/3/18
Date