

Foster Family Home - Corrective Action Report

Provider ID: 1-637192

Home Name: Marina L. Fernandez, CNA

Review ID: 1-637192-10

1344 Hoolaulea Street

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 6/28/2018

End Date: 6/28/2018

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 3 client CCFFH recertification survey.
Home is in compliance with all requirements.

Carrie Wakai RN

Compliance Manager

Marina L. Fernandez

Primary Care Giver

6/28/18

Date

6/28/18

Date