

Foster Family Home - Corrective Action Report

Provider ID: 1-569931

Home Name: Marcelina Tito, CNA

Review ID: 1-569931-4

91-851 Kapana Place

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 8/6/2018

End Date: 8/6/18

Foster Family Home

Required Certificate

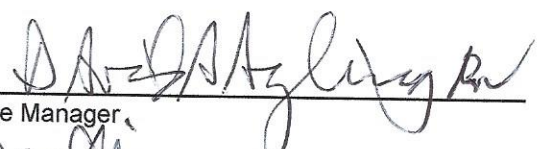
[17-1454-6]

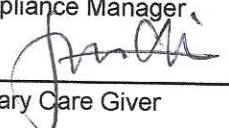
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/6/18.

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


Compliance Manager


Primary Care Giver

8/6/18
Date

8/6/18
Date