

# Foster Family Home - Corrective Action Report

Provider ID: 1-579675

Home Name: Margerie Medina, CNA  
92-580 Pilipono Street  
Kapolei HI 96707

Review ID: 1-579675-6

Reviewer: David Ayling

Begin Date: 9/18/2018

End Date: 9/18/18

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 2 person CCFFH recertification review made on 9/18/18.

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

Compliance Manager

Primary Care Giver

Date

Date