

Foster Family Home - Corrective Action Report

Provider ID: 1-140072

Home Name: Maria Charlotte Quitevis, CNA

Review ID: 1-140072-5

94-524 Loaa Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 10/22/2018

End Date:

10/24/18

Foster Family Home

Required Certificate


[17-1454-6]

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

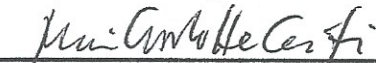
Comment:

Home visit for a 3 person CCFFH recertification review made on 10/22/18.

6.(d)(1) - Home in compliance with all requirements



Compliance Manager



Primary Care Giver

10/22/18

Date

10/22/18

Date