

Foster Family Home - Corrective Action Report

Provider ID: 2-170057

Home Name: Marilyn Delacruz, CNA

Review ID: 2-170057-2

27-134 Mill Road

Reviewer: Carol Copeland

Papaiko

HI 96781

Begin Date: 9/20/2018

End Date: 10/01/18

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 inspection performed to recertify two client home. Home in compliance on day of inspection.



Compliance Manager

9/20/2018
Date



Primary Care Giver

9/20/2018
Date