

Foster Family Home - Corrective Action Report

Provider ID: 1-510661

Home Name: Cecilia Mariano, LPN

Review ID: 1-510661-6

94-543 Kahuanani Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 11/7/2018

End Date:

11/08/18

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 11/07/18.
Home in compliance with all requirements.



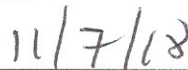
Compliance Manager



Primary Care Giver



Date



Date