

# Foster Family Home - Corrective Action Report

Provider ID: 1-180076

Home Name: Margie Malvar, NA

Review ID: 1-180076-1

94-1190 Lumikula Street

Reviewer: Lori O'Keefe

Waipahu HI 96797

Begin Date: 11/13/2018

End Date: 11/14/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New applicant home inspection completed today. Home is in full compliance with requirements and eligible for a 2 client certification.

Lori O'Keefe RN  
Compliance Manager

11/13/18  
Date

MCraden  
Primary Care Giver

11-13-18  
Date