

Foster Family Home - Corrective Action Report

Provider ID: 1-521791

Home Name: Maricar Francisco, CNA

Review ID: 1-521791-5

94-728 Kumau Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/2/2018

End Date: 11/5/18

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 11/2/18.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling RV
Compliance Manager

11/2/18
Date

Myra
Primary Care Giver

11-02-18
Date