

Foster Family Home - Corrective Action Report

Provider ID: 1-631300

Home Name: Mary Jane Dela Pena, CNA

Review ID: 1-631300-6

94-1336 Huakai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 11/8/2018

End Date: 11/9/18

Foster Family Home

Required Certificate

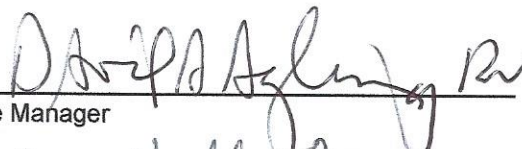
[17-1454-6]

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

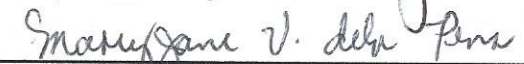
Comment:

Home visit for a 2 person CCFH recertification review made on 11/8/18.

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


Compliance Manager

11/8/18
Date


Primary Care Giver

11/8/18
Date