

Foster Family Home - Corrective Action Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-7

94-1062 Kahuamoku Street

Reviewer: Angelica Galindo

11/29/18

Waipahu HI 96797

Begin Date: 11/29/2018 End Date:

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 11/29/18.

6.(d)(1) - Home in compliance with all requirements.

Angelica Galindo, RN

Compliance Manager

[Signature]

Primary Care Giver

11/29/18

Date

11/29/18

Date