

Foster Family Home - Corrective Action Report

Provider ID: 1-636087

Home Name: Mary Jane Ritumban, CNA

Review ID: 1-636087-7

91-102 Pahau Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/21/2017

End Date: 8/21/17

Foster Family Home

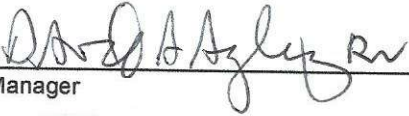
Required Certificate


[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 8/21/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

8/21/17
Date

8/21/17
Date