Foster Family Home - Corrective Action Report

Provider ID: **1-559130**

Home Name: **Mercedita Morgia, CNA** **Review ID:** **1-559130-4**

41-519 Inoa Street Reviewer: Sue Lo

Waimanalo HI 96795 Begin Date: 8/4/2017 End Date: 8/9/2017

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 8/4/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

SLo

Compliance Manager

8/4/2017

Date

Primary Care Giver

08-04-2017

Date

8/4/2017 16:31 PM