

# Foster Family Home - Corrective Action Report

Provider ID: 1-595457

Home Name: Maricris Rodriguez, CNA

Review ID: 1-595457-5

1-1003 Opaehuna Street

Reviewer: David Ayling

Kaunohiwi Beach HI 96706

Begin Date: 2/7/2019

Foster Family Home Required Certificate

[11-800-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/7/19.

(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling RV  
Compliance Manager

2/7/19  
Date

Maricris Rodriguez  
Primary Care Giver

2/7/19  
Date