

Foster Family Home - Corrective Action Report

Provider ID: 1-180015

Home Name: Marissa T. Fernando, CNA

Review ID: 1-180015-3

94-1007-A Hiapo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/26/2019

Foster Family Home

Required Certificate

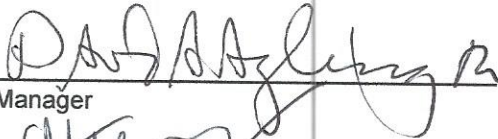
[11-800-6]

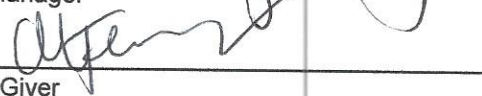
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification review made on 2/26/19. PCG requests to increase to a 3 client CCFFH.

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


Compliance Manager


Primary Care Giver

2/26/19
Date

2/26/19
Date