

Foster Family Home - Corrective Action Report

Provider ID: 1-637192

Home Name: Marina L. Fernandez, CNA

Review ID: 1-637192-11

1344 Hoolaulea Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 6/13/2019

Foster Family Home

Required Certificate


[11-800-6]

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

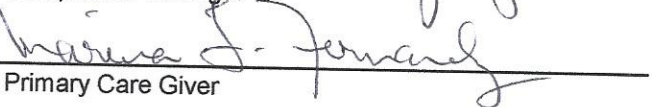
Comment:

Home inspection for a 3 person CCFFH recertification made on 6/13/19.

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



Compliance Manager



Primary Care Giver

Date 6/13/19

Date 6/13/19