

# Foster Family Home - Corrective Action Report

Provider ID: 1-576952

Home Name: Marites Edades, CNA

Review ID: 1-576952-8

91-1008 Makahaiaaku Street

Reviewer: Lisa Johnson

Kapolei HI 96707

Begin Date: 6/10/2019

Foster Family Home

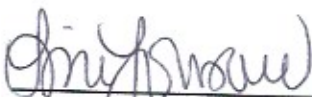
Required Certificate

[11-800-6]

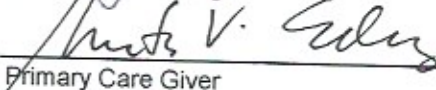
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 6/10/19. Home is in compliance with all requirements.



Compliance Manager



Primary Care Giver

6/10/2019

Date

6/10/2019

Date