Foster Family Home - Corrective Action Report

Provider ID: **1-628191**

Home Name: **Maritess Mercado, NA**
94-1085 Awanani Street
Waipahu HI 96797

Review ID: **1-628191-8**
Reviewer: Maribel Nakamine
Begin Date: 9/16/2019

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 made on 9/16/19.

6.(d)(1) - see applicable sections of the review
Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN — 9/16/19
Compliance Manager — Date

Maritess Mercado — 9/16/19
Primary Care Giver — Date