Foster Family Home - Corrective Action Report

Provider ID: **1-190072**

Home Name: **Marilyn R. Bien, CNA**

92-743 Paakai Street

Kapolei HI 96707

Review ID: **1-190072-1**

Reviewer: David Ayling

Begin Date: 9/19/2019

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 new 2 person CCFFH certification made on 9/19/19.
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager — Date: 9/19/19

Primary Care Giver — Date: 9/19/19