

# Foster Family Home - Corrective Action Report

Provider ID: 5-120063

Home Name: Emily Mariano, CNA

Review ID: 5-120063-10

3250 Unahe Street

Reviewer: Terri Van Houten

Lihue HI 96766

Begin Date: 8/9/2020

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

8/9/2020

Date

8/9/2020

Date