

Foster Family Home - Corrective Action Report

Provider ID: 1-590308

Home Name: Jocelyn Lomboya, CNA

Review ID: 1-590308-4

207 Kilani Place

Reviewer: [REDACTED]

Wahiawa HI 96786

Begin Date: 9/30/2015

End Date: 9/30/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 9/30/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[REDACTED]
Compliance Manager

J. Lomboya
Primary Care Giver

9/30/15
Date

9-30-15
Date