Foster Family Home - Corrective Action Report

Provider ID: **1-150009**

Home Name: **Victor Jr. Laforteza, CNA** **Review ID:** **1-150009-1**

1061 Ilima Drive Reviewer: [redacted]

Honolulu HI 96817 Begin Date: 5/20/2015 End Date: 5/20/15

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit for initial certification for 2 bed home on 5/20/15. All requirements met at time of review.

[redacted] RN MSN 5/20/15

Compliance Manager Date

Victor Laforteza Jr 5/20/15

Primary Care Giver Date