Foster Family Home - Corrective Action Report

Provider ID: **4-589335**

Home Name: **Lorenza Torres, CNA** **Review ID:** **4-589335-4**

11 Hoomoku Loop Reviewer:

Kahului HI 96732 Begin Date: 10/28/2015 End Date: 10/28/15

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

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

Comment:

Home survey for recertification of CCFFH 10/28/15. All requirements met at time of review. Two year certification issued.

Compliance Manager

10/28/15
Date

Lorenza B. Torres
Primary Care Giver

10/28/15
Date