

# Foster Family Home - Corrective Action Report

Provider ID: 1-120006

Home Name: Lucila McCormack, CNA

Review ID: 1-120006-5

1042 Wong Lane

Reviewer:

Honolulu HI 96817

Begin Date: 8/26/2015

End Date: 8/26/15

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 3 person recertification review made on 8/26/15.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

8/26/15  
Date

8/26/15  
Date