

# Foster Family Home - Corrective Action Report

Provider ID: 1-090058

Home Name: Lewelyn Degracia, CNA

1050 A Wong Lane

Honolulu HI 96817

Review ID: 1-090058-5

Reviewer:

Begin Date: 12/30/2015

End Date: 12/30/2015

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 three client CCFFH performed 12/30/2015. All requirements met at time of review. Two year certification issued.

Compliance Manager

Lewelyn M. Degracia  
Primary Care Giver

Date

1-4-2016  
Date