

# Foster Family Home - Corrective Action Report

Provider ID: 1-511817

Home Name: Lilia Rafael, CNA

Review ID: 1-511817-4

1744 Kealia Drive

Reviewer:

Honolulu HI 96817

Begin Date: 12/10/2015

End Date: 12/10/15

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 12/10/15. PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.



Compliance Manager

*[Signature]*  
Primary Care Giver

12/10/15  
Date

12/10/15  
Date