

Foster Family Home - Corrective Action Report

Provider ID: 2-100025

Home Name: Rosita Lorenzo, CNA

73-1111 Mahehu Circle

Kailua-Kona HI 96740

Review ID: 2-100025-4

Reviewer:

Begin Date: 4/17/2015

End Date:

4/17/15

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

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

Comment:

Home visit made on 4/17/15 to survey for recertification. Home in compliance on day of review.

Home will be recertified for two years for three clients.

Compliance Manager



Primary Care Giver

4-17-15

Date

4/17/15

Date