

# Foster Family Home - Corrective Action Report

Provider ID: 1-515760

Home Name: Victoria Lova, CNA

Review ID: 1-515760-3

94-554 Hiaku Place

Reviewer:

Waipahu HI 96797

Begin Date: 5/11/2015

End Date: 5/11/15

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 5/11/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 3 bed certification.



Compliance Manager:

*vublova*

Primary Care Giver

Date

*5/11/15*

Date

*5/11/15*