

Foster Family Home - Corrective Action Report

Provider ID: 1-586240

Home Name: Luzviminda Alcon, CNA

Review ID: 1-586240-5

94-309 Waialeale Road #1

Reviewer:

Waipahu HI 96797

Begin Date: 1/25/2016

End Date: 1/25/16

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 2 person recertification review made on 1/25/16.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date