

Foster Family Home - Corrective Action Report

Provider ID: 1-562612

Home Name: Lovelle Flores, CNA

Review ID: 1-562612-4

98-530 Kaamilo Street

Reviewer:

Aiea HI 96701

Begin Date: 5/4/2016

End Date: 5/3/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.