

Foster Family Home - Corrective Action Report

Provider ID: 1-120013

Home Name: Elena A. Vilorio, CNA

Review ID: 1-120013-7

91-1359 Wahane St.,

Reviewer:

Kapolei HI 96707

Begin Date: 9/1/2016

End Date: 9/1/16

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 CCFFH recertification review made on 9/1/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Elena A. Vilorio

Primary Care Giver

Date

9/01/16

Date