

# Foster Family Home - Corrective Action Report

Provider ID: 4-589335

Home Name: Lorenza Torres, CNA

Review ID: 4-589335-5

11 Hoomoku Loop

Reviewer:

Kahului

HI 96732

Begin Date: 9/29/2016

End Date:

9/29/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for an increase to a 3 client CCFFH certification. Review made on 9/29/16. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

*Lorenza B. Torres*  
Primary Care Giver

Date

*9/29/16*

Date