

# Foster Family Home - Corrective Action Report

Provider ID: 1-514936

Home Name: Rosalinda Lopez, RN  
92-6001 Puapake Street  
Kapolei HI 96707

Review ID: 1-514936-4  
Reviewer:  
Begin Date: 10/7/2016

End Date: 10/10/2016

~~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 made on 10/7/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Rosalinda S. Lopez  
Primary Care Giver

Date

10/7/2016  
Date