

# Foster Family Home - Corrective Action Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-1

1714 Ema Place

Reviewer:

Honolulu HI 96819

Begin Date: 10/29/2016

End Date: 10/31/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) A new home visit was made on 10/29/2016 for a 2-bed CCFFH certification. Home is in compliance with all requirements and will receive a 1 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

10-29-2016

Date