

# Foster Family Home - Corrective Action Report

Provider ID: 1-110085

Home Name: Lolita Lejat, NA

Review ID: 1-110085-5

91-1145 Haiamu Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/25/2016

End Date: 10/25/16

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 10/25/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date