

Foster Family Home - Corrective Action Report

Provider ID: 1-512302

Home Name: Lourdes Macha, CNA

Review ID: 1-512302-4

94-1045 Kaaholo Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/27/2016

End Date: 10/27/16

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 10/27/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Lourdes Macha

Primary Care Giver

Date

10/27/16

Date