

Foster Family Home - Corrective Action Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN

Review ID: 1-567141-4

95-253 Hakupokano Loop

Reviewer:

Mililani HI 96789

Begin Date: 10/24/2016

End Date: 10/24/16

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 10/24/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Angelina Lopez

Primary Care Giver

Date

10/24/16

Date