

Foster Family Home - Corrective Action Report

Provider ID: 1-626038

Home Name: Mary Jane Lopez, CNA

Review ID: 1-626038-5

94-905 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/8/2016

End Date: 12/8/16

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/8/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Mary Jane Lopez

Primary Care Giver

Date

12/8/16

Date