

Foster Family Home - Corrective Action Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

Review ID: 1-110010-5

94-293 Hiwahiwa Place

Reviewer:

Waipahu

HI 96797

Begin Date: 1/4/2017

End Date: 1/4/17

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 3 person CCFFH recertification review made on 1/4/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

1/4/17

Date