

Foster Family Home - Corrective Action Report

Provider ID: 1-511362

Home Name: Milagrina Lim, CNA

Review ID: 1-511362-5

94-682 Kamalo Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/15/2016

End Date: 12/15/16

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 12/15/16: Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Milagrina Lim

Primary Care Giver

Date

12/15/16

Date