

Foster Family Home - Corrective Action Report

Provider ID: 1-561044

Home Name: Doreen Torres, CNA

Review ID: 1-561044-4

91-177 Waimapuna Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/13/2017

End Date: 1/13/17

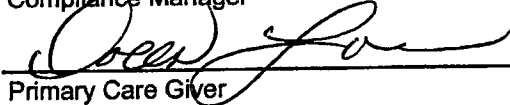
Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/13/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date



Date