

# Foster Family Home - Corrective Action Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-4

94-1030 Mahoe Place

Reviewer:

Waipahu HI 96797

Begin Date: 1/19/2017

End Date: 1/19/17

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 1/19/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

1/19/17  
\_\_\_\_\_  
Date