

Foster Family Home - Corrective Action Report

Provider ID: 1-633728

Home Name: Lorna Macaburas, CNA

Review ID: 1-633728-4

1459 Hoochaku Street

Reviewer: |

Pearl City HI 96782

Begin Date: 2/6/2017

End Date: 2/6/17

Foster Family Home Required Certificate

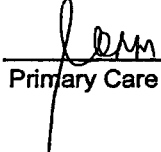
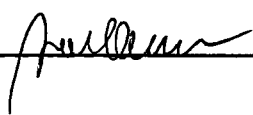
[17-1454-6]

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

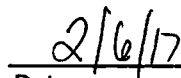
Comment:

Home visit for a 3 person CCFFH recertification review made on 2/6/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager


Primary Care Giver 

Date


Date