

Foster Family Home - Corrective Action Report

Provider ID: 1-580888

Home Name: Azucena Luiz, CNA

Review ID: 1-580888-4

91-414 Papipi Drive

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 7/20/2017

End Date: 7/20/17

Foster Family Home

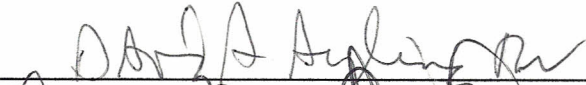
Required Certificate


[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 7/20/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver


Date

7/20/17

Date