

Foster Family Home - Corrective Action Report

Provider ID: 1-562315

Home Name: Lily Zafaralla, CNA

Review ID: 1-562315-4

94-1180 Keahua Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/28/2017

End Date: 2/28/17

Foster Family Home Required Certificate

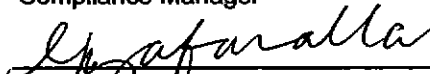
[17-1454-6]

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

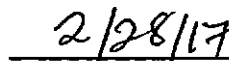
Comment:

Home visit for a 2 person CCFFH recertification review made on 2/28/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager


Primary Care Giver

Date


Date