

Foster Family Home - Corrective Action Report

Provider ID: 1-558900

Home Name: Priscila Lana, CNA

94-1114-A Lumikuke Place

Waipahu HI 96797

Review ID: 1-558900-5

Reviewer: David Ayling

Begin Date: 4/18/2017

End Date: 4/18/17

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 4/18/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager


Priscila Lana
Primary Care Giver

Date

4/20/17

Date