

# Foster Family Home - Corrective Action Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-2

1714 Ema Place

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 8/10/2017

End Date: 8/10/17

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 8/10/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

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

8/10/17  
Date

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

8/10/17  
Date