

Foster Family Home - Corrective Action Report

Provider ID: 1-120006

Home Name: Lucila McCormack, CNA

Review ID: 1-120006-6

1042 Wong Lane

Reviewer: David Ayling

Honolulu HI 96817

Begin Date: 8/23/2017

End Date: 8/23/17

Foster Family Home

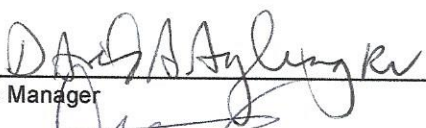
Required Certificate

[17-1454-6]

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

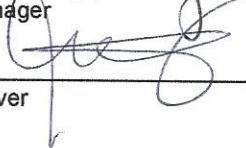
Comment:

Home visit for a 3 person CCFH recertification review made on 8/23/17.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

8/23/17
Date



Primary Care Giver

8/23/17
Date