

Foster Family Home - Corrective Action Report

Provider ID: 1-511817

Home Name: Lilia A. Rafael, CNA

1744 Kealia Drive

Honolulu HI 96818

Review ID: 1-511817 -

Reviewer: Sue Lo

Begin Date: 12/13/2017

End Date: 12/15/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

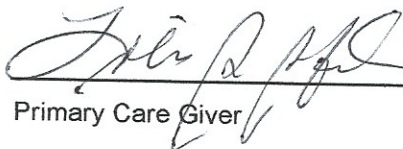
6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.



Compliance Manager

12/13/2017

Date



Primary Care Giver

12-13-17

Date