

Foster Family Home - Corrective Action Report

Provider ID: 1-170056

Home Name: Mateo Lorenzo Lopez N.A.

Review ID: 1-170056-2

91-1727 Kikoo Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 10/18/2017

End Date: 10/24/2017

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 new 2 client CCFFH certification survey. Home is in compliance with all requirements and will receive a 1 year 2 client certificate.

Carrie Wakai RN

Compliance Manager

10/18/2017

Date

MATEO LORENZO G. LOPEZ

Primary Care Giver

10/18/2017

Date