

# Foster Family Home - Corrective Action Report

Provider ID: 1-510140

Home Name: Lucrecia Pastor, CNA

Review ID: 1-510140-5

94-392 Haa'a Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/18/2018

End Date: 1/18/18

Foster Family Home

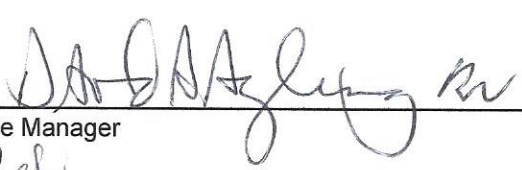
Required Certificate

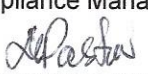
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/18/18. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date