

Foster Family Home - Corrective Action Report

Provider ID: 1-170028

Home Name: Jenelyn Laforga, CNA

Review ID: 1-170028-2

94-502 Pilimai St.

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/23/2018

End Date: 3/23/18

Foster Family Home

Required Certificate

[17-1454-6]

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

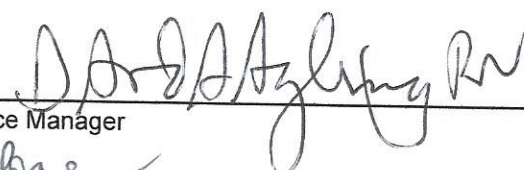
Comment:

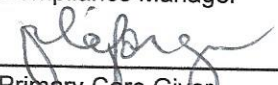
Home visit for a 2 person CCFFH recertification review made on 3/23/18.

PCG requests to increase to a 3 client CCFFH.

6.(d)(1) - Home in compliance with all requirements.

Home will receive a 1 year 3 bed certification.


Compliance Manager


Primary Care Giver

3/23/18
Date

3/23/18
Date