

# Foster Family Home - Corrective Action Report

Provider ID: 1-576259

Home Name: Milagros Vilorio, CNA

Review ID: 1-576259-5

1939 Kalihi Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 3/29/2018

End Date: 3/29/18

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 3/29/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A. Ayling RN  
Compliance Manager

Milagros V. Vilorio  
Primary Care Giver

3/29/18  
Date

3/29/18  
Date