

Foster Family Home - Corrective Action Report

Provider ID: 1-180016

Home Name: Marilyn Lopez, NA

91-1206 Hanaloa Street

Ewa Beach HI 96706

Review ID: 1-180016-1

Reviewer: Carrie Wakai

Begin Date: 5/8/2018

End Date: 5/08/2018

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 was made for a new 2 bed CCFFH certification survey. Home was in compliance with all requirements and will receive a 1 year 2 client certification.

Carrie Wakai
Compliance Manager

Marilyn P. Lopez
Primary Care Giver

5-08-18
Date

05-08-18
Date