

Foster Family Home - Corrective Action Report

Provider ID: 1-512352

Home Name: Trinidad Lameg, CNA

Review ID: 1-512352-8

1740 Royal Palm Drive

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 5/8/2108

End Date: 5/8/18

Foster Family Home

Required Certificate

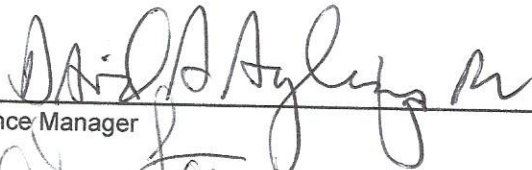
[17-1454-6]

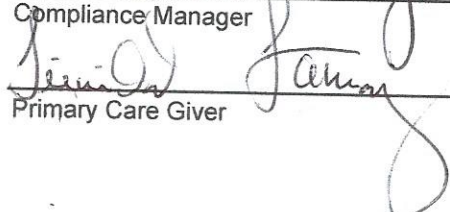
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/8/18.

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


Compliance Manager


Primary Care Giver

5/8/18
Date

5/8/18
Date