

Foster Family Home - Corrective Action Report

Provider ID: 1-515760

Home Name: Victoria Lova, CNA

Review ID: 1-515760-5

94-554 Hiaku Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/2/2018

End Date: 5/2/18

Foster Family Home

Required Certificate

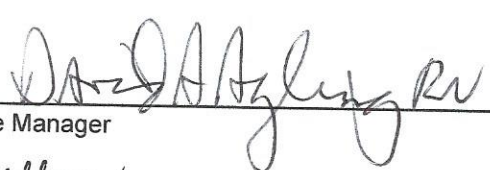
[17-1454-6]

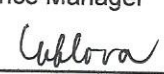
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/2/18.

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


Compliance Manager


Primary Care Giver

5/2/18
Date

5/2/18
Date