

# Foster Family Home - Corrective Action Report

Provider ID: 1-150046

Home Name: Lilia Basilio, CNA

Review ID: 1-150046-5

94-116 Haaa St.

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/20/2018

End Date: 7/20/18

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 7/20/18.

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

  
\_\_\_\_\_  
Compliance Manager

7/20/18  
Date

  
\_\_\_\_\_  
Primary Care Giver

7/20/18  
Date