

Foster Family Home - Corrective Action Report

Provider ID: 1-562034

Home Name: Lydia Carpio, CNA

Review ID: 1-562034-6

94-1046 Puloku Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/22/2018

End Date: 6/22/18

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 6/22/18.

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

DA David Ayling RV
Compliance Manager

Lydia V. Carpio
Primary Care Giver

6/22/18
Date

6/22/18
Date