

Foster Family Home - Corrective Action Report

Provider ID: 4-624628

Home Name: Era Luczon, CNA

97 Hoku Puhipaka Street

Kahului

HI 96732

Review ID: 4-624628-4

Reviewer: David Ayling

Begin Date: 6/5/2018

End Date: 6/5/18

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 2 person CCFH recertification review made on 6/5/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling
Compliance Manager

[Signature]
Primary Care Giver

6/5/18
Date

6/5/18
Date