

Foster Family Home - Corrective Action Report

Provider ID: 1-587420

Home Name: Lilibeth Quinones, CNA

Review ID: 1-587420-5

91-1152 A Kaunolu Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 7/16/2018

End Date: 7/16/2018

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 7/16/18.

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

Angelica Galindo, RN

Compliance Manager

L Quinones

Primary Care Giver

7/16/18

Date

7/16/18

Date