

Foster Family Home - Corrective Action Report

Provider ID: 4-589335

Home Name: Lorenza Torres, CNA

Review ID: 4-589335-7

11 Hoomoku Loop

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 7/25/2018

End Date: 7/25/18

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 7/25/18.

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

David Ayling
Compliance Manager

7/25/18
Date

Lorenza J. Torres
Primary Care Giver

7/25/18
Date