

Foster Family Home - Corrective Action Report

Provider ID: 1-120013

Home Name: Elena A. Vilorio, CNA

Review ID: 1-120013-8

91-1359 Wahane St.,

Reviewer: David Ayling

Kapolei

HI 96707

Begin Date: 9/4/2018

End Date: 9/4/18

Foster Family Home

Required Certificate

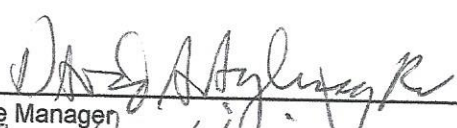
[17-1454-6]

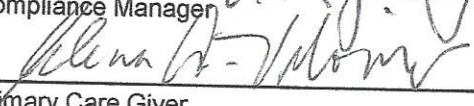
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/4/18.

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


Compliance Manager


Primary Care Giver


Date


Date