

# Foster Family Home - Corrective Action Report

Provider ID: 1-590308

Home Name: Jocelyn Lomboya, CNA

207 Kilani Place

Wahiawa HI 96786

Review ID: 1-590308-6

Reviewer: David Ayling

Begin Date: 10/11/2018

End Date: 10/11/18

Foster Family Home

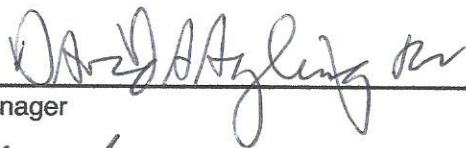
Required Certificate

[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 10/11/18. PCG requests to increase to a 3 client CCFFH.  
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

10/11/18  
Date

10-11-18  
Date