

Foster Family Home - Corrective Action Report

Provider ID: 1-512302

Home Name: Lourdes Macha, CNA

Review ID: 1-512302-5

94-1045 Kaaholo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/26/2018

End Date: 10/26/18

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 10/26/18.

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

David Ayling
Compliance Manager

Lourdes Macha
Primary Care Giver

10/26/18
Date

10/26/18
Date