

Foster Family Home - Corrective Action Report

Provider ID: 1-613423

Home Name: Elizabeth Pastor, CNA

Review ID: 1-613423-4

94-419 Kiolena Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/16/2017

End Date: 2/16/17

Foster Family Home Required Certificate

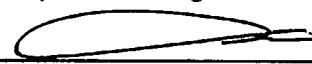
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/16/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

2/16/17
Date

2-16-17
Date