

Foster Family Home - Corrective Action Report

Provider ID: 1-160052

Home Name: Eva Francisco, LPN

Review ID: 1-160052-2

92-1028 Luawainui St.

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 5/9/2017

End Date: 5/9/17

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 2 person CCFFH recertification review made on 5/9/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Eva O. Francisco

Primary Care Giver

Date

5/9/17

Date