

Foster Family Home - Corrective Action Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

203 Plum Street

Wahiawa HI 96786

Review ID: 1-561945-6

Reviewer: David Ayling

Begin Date: 12/4/2018

End Date: 12/4/18

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 3 person CCFFH recertification review made on 12/4/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling RV
Compliance Manager

12/4/18
Date

Lenie Allera
Primary Care Giver

12/4/18
Date