

# Foster Family Home - Corrective Action Report

Provider ID: 1-626038

Home Name: Mary Jane Lopez, CNA

Review ID: 1-626038-6

94-905 Kuhaulua Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 12/18/2018

End Date: 12/19/18

Foster Family Home

Required Certificate

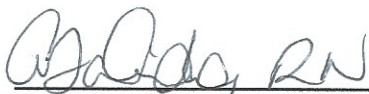
[17-1454-6]

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

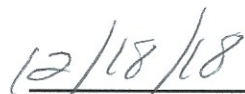
Comment:

Home visit for a 3 person CCFFH recertification review made on 12/18/18.

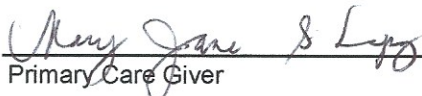
6.(d)(1) - Home in compliance with all requirements.



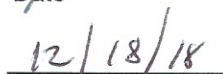
Compliance Manager



Date



Primary Care Giver



Date