

# Foster Family Home - Corrective Action Report

Provider ID: 1-100013

Home Name: Melanny Lopez, CNA

Review ID: 1-100013-7

94-205 Wehena Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/14/2018

End Date: 5/14/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a 3 client CCFFH recertification survey. Home was in compliance with all requirements.

Carrie Wakai  
Compliance Manager

Melanny Lopez  
Primary Care Giver

5-14-18  
Date

5/14/18  
Date