

Foster Family Home - Corrective Action Report

Provider ID: 1-562315

Home Name: Lily Zafaralla, CNA

Review ID: 1-562315-5

94-1180 Keahua Loop

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 3/14/2019

Foster Family Home

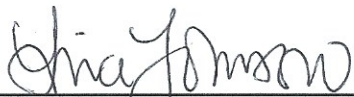
Required Certificate

[11-800-6]

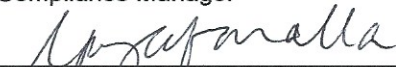
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

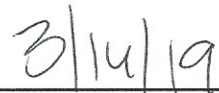
Home inspection for a 2 person CCFFH recertification made on 3/14/19.
Home in compliance with all requirements. Home will receive a 2 bed certification.



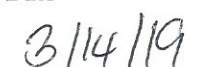
Compliance Manager



Primary Care Giver



Date



Date