

# Foster Family Home - Corrective Action Report

Provider ID: 1-513186

Home Name: Luzviminda Padilla, CNA

Review ID: 1-513186-6

92-745 Paala Loop

Reviewer: Lisa Johnson

Kapolei

HI 96707

Begin Date: 6/13/2019

Foster Family Home

Required Certificate

[11-800-6]

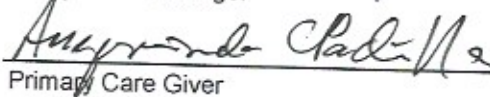
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 6/12/19.

Home is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

6/13/19  
Date

6/13/19  
Date