

Foster Family Home - Corrective Action Report

Provider ID: 1-560715

Home Name: Nancy Lopez, CNA

Review ID: 1-560715-6

91-572 Akua Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 7/1/2019

Foster Family Home

Required Certificate

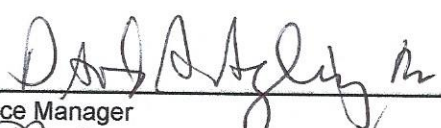
[11-800-6]

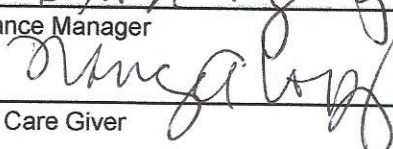
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 7/1/19.

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


Compliance Manager


Primary Care Giver


Date


Date