

Foster Family Home - Corrective Action Report

Provider ID: 1-090058

Home Name: Lewelyn Degracia, CNA

Review ID: 1-090058-9

1050 A Wong Lane

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 1/22/2020

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 3 person CCFFH recertification.
Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date