

# Foster Family Home - Corrective Action Report

Provider ID: 1-511817

Home Name: Lilia Rafael, CNA

1744 Kealia Drive

Honolulu

HI 96817

Review ID: 1-511817-8

Reviewer: Julie Hastings

Begin Date: 1/9/2020

## Foster Family Home Required Certificate

[11-800-6]

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

Comment:

Home inspection completed for a 3 person CCFFH recertification. 6.(d)(1) -Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Date

Primary Care Giver

Date