

Foster Family Home - Corrective Action Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-5

1714 Ema Place

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 7/7/2020

Foster Family Home

Required Certificate

[11-800-6]

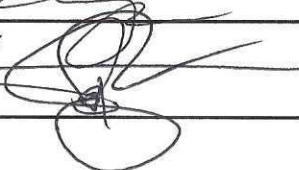
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Unannounced visit made on 7/7/2020 for a 2 bed CCFFH Recertification Inspection. Home in compliance with all regulations. Home will receive a 2 bed certificate.



Compliance Manager



Primary Care Giver

7/8/20
Date

7/8/20
Date