

Foster Family Home - Corrective Action Report

Provider ID: 1-190018

Home Name: Lorena Laforga, CNA

Review ID: 1-190018-2

91-1118 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/17/2020

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 made for a 2 bed recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required. Home is requesting 1 year re-certification to increase to 3 bed next certification

Jackie Chamberlain RN
Compliance Manager

[Signature]
Primary Care Giver

1/17/2020
Date

1/17/2020
Date