

Foster Family Home - Corrective Action Report

Provider ID: 1-200020

Home Name: Lovi Valencia, CNA

Review ID: 1-200020-1

94-369 Kahuapaa Place

Reviewer: David Ayling

Waipahu HI 96797

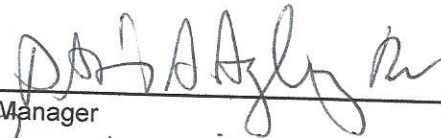
Begin Date: 6/8/2020

Foster Family Home Required Certificate [11-800-6]

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

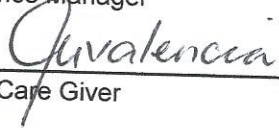
Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.
Home will receive a 2 bed certification.



Compliance Manager

6/8/2020
Date



Primary Care Giver

6/8/2020
Date