

Foster Family Home - Corrective Action Report

Provider ID: 1-200020

Home Name: Lovi Valencia, CNA

Review ID: 1-200020-3

94-369 Kahuapaa Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

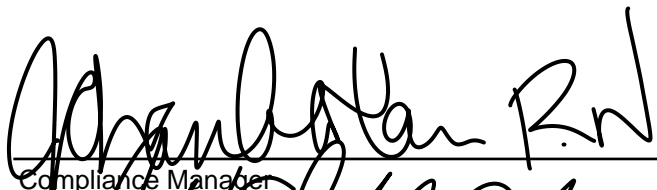
Begin Date: 3/28/2021

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


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

Comment:


6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all requirements
No corrective action required



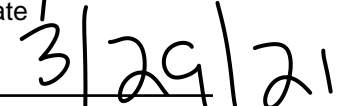
Compliance Manager



Primary Care Giver



Date



Date