

Foster Family Home - Corrective Action Report

Provider ID: 1-150009

Home Name: Victor Laforteza Jr., CNA

Review ID: 1-150009-10

98-550 Kaamilo Street

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 2/9/2021

Foster Family Home

Required Certificate

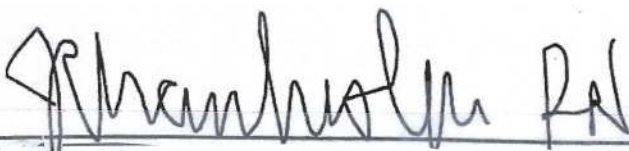
[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required


Compliance Manager

1/25/21
Date


Primary Care Giver

2/11/2021
Date