

Foster Family Home - Corrective Action Report

Provider ID: 1-515760

Home Name: Victoria Lova, CNA

Review ID: 1-515760-8

94-554 Hiaku Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/16/2021

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

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

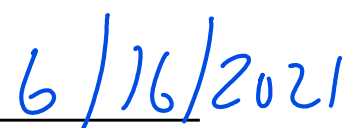
Comment:

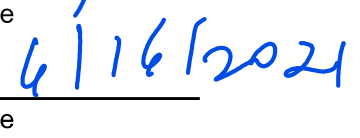
6.(d)(1) - Annual unannounced inspection for a 3 person CCFFH. All requirements were met at the time of inspection.



Compliance Manager

Primary Care Giver



Date


Date