

Foster Family Home - Corrective Action Report

Provider ID: 4-589335

Home Name: Lorenza Torres, CNA

Review ID: 4-589335-9

11 Hoomoku Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/9/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

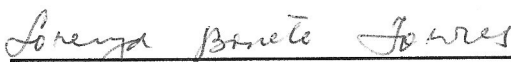
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

7/9/20

Date



Primary Care Giver

7/9/20

Date