

Foster Family Home - Corrective Action Report

Provider ID: 1-140023

Home Name: Jayzel Pangilinan, CNA

Review ID: 1-140023-2

98-218 Hekaha Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 1/30/2015

End Date: 1/30/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.(d)(1) - see applicable sections of the review

Home visit for a 2 person recertification review made on 1/30/15.

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification. Home currently has no patients.


Compliance Manager

1/30/15
Date

Primary Care Giver

Date