

Foster Family Home - Corrective Action Report

Provider ID: 1-509292

Home Name: Perly Calaycay-Quiaoit, CNA

Review ID: 1-509292-3

4488 Luapele Place

Reviewer:

Honolulu

HI 96818

Begin Date: 8/17/2015

End Date:

8/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 8/17/15.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

rw

Date

Date

8/17/15

8/17/15