

# Foster Family Home - Corrective Action Report

Provider ID: 1-100051

Home Name: Ligaya Dugay, CNA

Review ID: 1-100051-5

92-541 Pilipono Street

Reviewer:

Kapolei HI 96707

Begin Date: 7/8/2015

End Date: 7/8/15

Foster Family Home

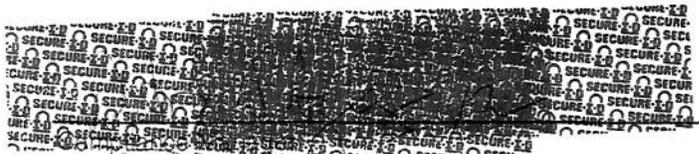
Required Certificate

[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 7/8/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Ligaya Dugay  
Primary Care Giver

7/8/15  
Date

7/8/15  
Date