

Foster Family Home - Corrective Action Report

Provider ID: 1-561101

Home Name: Shirly Layugan, CNA

315 North Circle Makai Street

Wahiawa HI 96786

Review ID: 1-561101-3

Reviewer:

Begin Date: 1/4/2016

End Date: 1/4/16

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 1/4/16.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

1/4/16
Date

01-04-16
Date