

# Foster Family Home - Corrective Action Report

Provider ID: 1-100051

Home Name: Ligaya Dugay, CNA

Review ID: 1-100051-6

92-541 Pilipono Street

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 7/3/2017


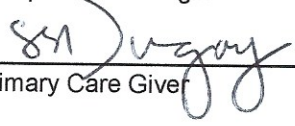
End Date: 7/9/2017

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

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 7/3/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

7/3/2017  
Date  
7/3/17  
Date