

Foster Family Home - Corrective Action Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-5

94-573 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/28/2017

End Date:

3/28/17

Foster Family Home

Required Certificate

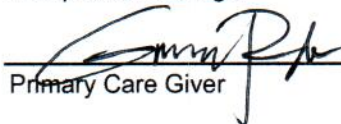
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 3/28/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date

3-28-17

Date