

Foster Family Home - Corrective Action Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-7

94-665 Loaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/18/2017

End Date: 9/18/17

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 3 person CCFH recertification review made on 9/18/17. C
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

9/18/17
Date

Adoracion Castillo
Primary Care Giver

9/18/17
Date