

Foster Family Home - Corrective Action Report

Provider ID: 1-110062

Home Name: Frances Gay-ya, CNA

Review ID: 1-110062-9

1940 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 9/6/2017

End Date: 9/6/17

Foster Family Home

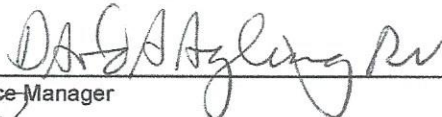
Required Certificate

[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 9/6/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

9/6/17
Date


Primary Care Giver

9-6-17
Date