

Foster Family Home - Corrective Action Report

Provider ID: 1-563975

Home Name: Jeanette Liggayu, CNA

Review ID: 1-563975-5

91-1267 Hoopio Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/22/2017

End Date: 8/22/17

Foster Family Home

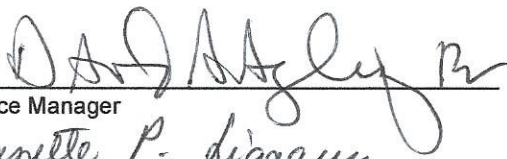
Required Certificate

[17-1454-6]

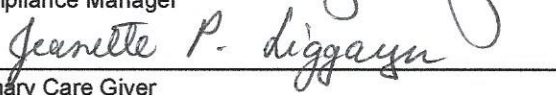
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/22/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

8/22/17
Date


Primary Care Giver

8/22/17
Date