

Foster Family Home - Corrective Action Report

Provider ID: 1-560872

Home Name: Benilda Dimaya, CNA

Review ID: 1-560872-6

98-1410 A Hoonoua St.

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 9/27/2017

End Date: 9/27/17

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 9/27/17.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A. Ayling
Compliance Manager

Benilda Dimaya
Primary Care Giver

9/27/17
Date

9/27/17
Date