

Foster Family Home - Corrective Action Report

Provider ID: 1-510934

Home Name: Maria Editha Castillo, CNA

Review ID: 1-510934-4

94-264 Hanawai Circle

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/28/2017

End Date: 12/28/17

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 3 person CCFFH recertification review made on 12/28/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling RV
Compliance Manager

M. Castillo
Primary Care Giver

12/28/17
Date

12/28/17
Date