

Foster Family Home - Corrective Action Report

Provider ID: 4-110017

Home Name: Estrelita Gairan, CNA

Review ID: 4-110017-6

440 Kea Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 2/7/2018

End Date: 2/7/18

Foster Family Home Required Certificate

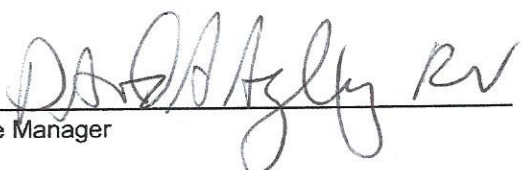
[17-1454-6]

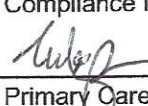
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/7/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

2/7/18
Date

2/7/18
Date