

Foster Family Home - Corrective Action Report

Provider ID: 1-090105

Home Name: Florence Gaygay, CNA

Review ID: 1-090105-6

1139 Ukana Street

Reviewer: David Ayling

Honolulu HI 96818

Begin Date: 4/19/2018

End Date: 4/19/18

Foster Family Home Required Certificate [17-1454-6]

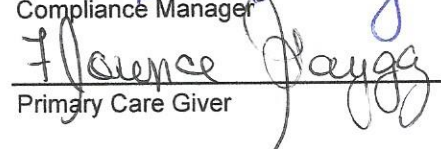
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFH recertification review made on 4/12/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

4/19/18
Date

4/19/18
Date