

Foster Family Home - Corrective Action Report

Provider ID: 1-100079

Home Name: Regie Cacayorin, CNA

Review ID: 1-100079-6

94-109 Palai Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/18/2018

End Date: 5/18/18

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 CCFFH recertification review made on 5/18/18.

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

David Ayling
Compliance Manager

Regie Cacayorin
Primary Care Giver

5/18/18
Date

5/18/18
Date