

Foster Family Home - Corrective Action Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-5

94-605 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/5/2018

End Date: 7/5/18

Foster Family Home

Required Certificate

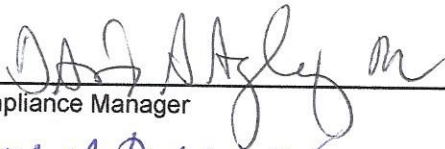
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 7/5/18.

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



Compliance Manager

7/5/18

Date



Primary Care Giver

7/5/18

Date