

Foster Family Home - Corrective Action Report

Provider ID: 1-560418

Home Name: Ana Liza De Guzman, CNA

Review ID: 1-560418-5

757 Hoopai Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 7/2/2018

End Date:

7/2/18

Foster Family Home

Required Certificate

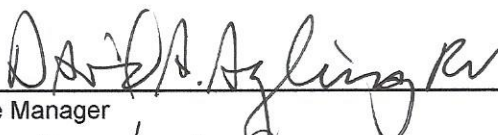
[17-1454-6]

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

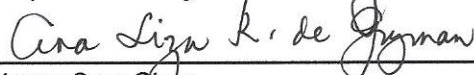
Comment:

Home visit for a 3 person CCFFH recertification review made on 7/2/18.

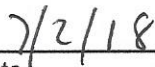
6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



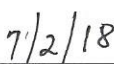
Compliance Manager



Primary Care Giver



Date



Date