

# Foster Family Home - Corrective Action Report

Provider ID: 1-512310

Home Name: Grace Constantino-Reyes,  
CNA

Review ID: 1-512310-4

94-586 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/19/2018

End Date: 7/19/18

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 CCFFH recertification review made on 7/19/18.

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

David Ayling  
Compliance Manager

Grace  
Primary Care Giver

7/19/18  
Date

7/13/18  
Date