

Foster Family Home - Corrective Action Report

Provider ID: 1-626533

Home Name: Janeth Doruelo, CNA

Review ID: 1-626533-8

94-698 Honowai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/27/2018

End Date: 6/27/18

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 6/27/18.

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

DA Ayling
Compliance Manager
JANETH C. Doruelo
Primary Care Giver

6/27/18
Date
6/27/2018
Date