

Foster Family Home - Corrective Action Report

Provider ID: 1-512419

Home Name: Filma Benigno, CNA

Review ID: 1-512419-7

94-302 Hilihua Way

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/31/2018

End Date: 7/31/18

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

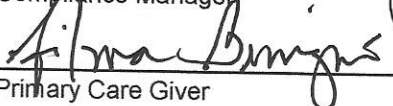
Home visit for a 3 person CCFFH recertification review made on 7/31/18.

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



Compliance Manager

7/31/18
Date



Primary Care Giver

7/31/18
Date