

Foster Family Home - Corrective Action Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-6

94-556 Hiaku Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/6/2018

End Date: 9/6/18

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 9/6/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.



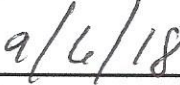
Compliance Manager



Primary Care Giver



Date



Date