

Foster Family Home - Corrective Action Report

Provider ID: 1-140064

Home Name: Grace Tirador, RN

Review ID: 1-140064-4

98-1488-B Hoomahie Loop

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 8/27/2018

End Date: 8/27/18

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 2 person CCFH recertification review made on 8/27/18.

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

David Ayling RN
Compliance Manager

Grace Tirador RN
Primary Care Giver

8/27/18
Date

08/27/18
Date