

Foster Family Home - Corrective Action Report

Provider ID: 1-559099

Home Name: Janeth Dulig, CNA

Review ID: 1-559099-5

45-626 Halelo Place

Reviewer: Angelica Galindo

Kaneohe

HI 96744

Begin Date: 8/28/2018

End Date: 8/28/18

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 8/28/18.

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

Angelica Galindo, RN

Compliance Manager

Janeth Dulig

Primary Care Giver

8/28/18

Date

8/28/18

Date