

# Foster Family Home - Corrective Action Report

Provider ID: 1-509292

Home Name: Perty Calaycay-Quiaoit, CNA

Review ID: 1-509292-5

4488 Luapele Place

Reviewer: David Ayling

Honolulu

HI 96818

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 3 person CCFFH recertification review made on 8/27/18.

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

Compliance Manager

Primary Care Giver

Date

Date