

Foster Family Home - Corrective Action Report

Provider ID: 1-563321

Home Name: Philbert Descalso, NA

94-445 Kalukalu Street

Waipahu

HI 96797

Review ID: 1-563321-7

Reviewer: David Ayling

Begin Date: 10/30/2018

End Date: 10/30/18

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 10/30/18.

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

David Ayling RN
Compliance Manager

[Signature]
Primary Care Giver

10/30/18
Date

10/30/18
Date