

Foster Family Home - Corrective Action Report

Provider ID: 1-560187

Home Name: Dolores Guiao, CNA

Review ID: 1-560187-4

91-1050 Kaimalie Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/2/2018

End Date: 4/2/18

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 4/2/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A. Ayling Jr
Compliance Manager
Dolores R Guiao
Primary Care Giver

4/2/18
Date
4/2/18
Date