

Foster Family Home - Corrective Action Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-5

94-468 Kupuna Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/4/2019

Foster Family Home

Required Certificate

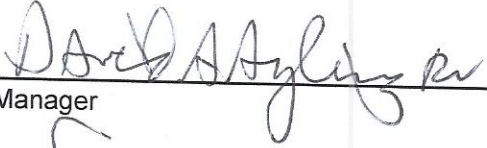
[11-800-6]

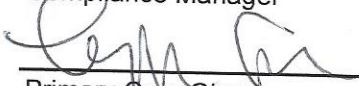
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/4/19.

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


Compliance Manager


Primary Care Giver

2/4/19
Date

2/4/19
Date