

Foster Family Home - Corrective Action Report

Provider ID: 1-559221

Home Name: Elizabeth Catalan, CNA

Review ID: 1-559221-5

94-602 Kipou Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/7/2019

Foster Family Home

Required Certificate

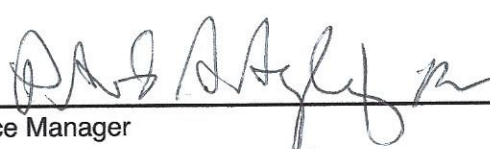
[11-800-6]

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

Comment:

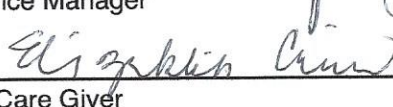
Home inspection for a 2 person CCFFH recertification made on 3/8/19.

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



Compliance Manager

3/8/19
Date



Primary Care Giver

3/8/19
Date