

# Foster Family Home - Corrective Action Report

Provider ID: 1-190017

Home Name: Gloria Zafaralla, CNA

Review ID: 1-190017-1

94-1064 Halelehua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/22/2019

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 new 2 person CCFFH certification made on 3/22/19.

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

David Ayling  
Compliance Manager

3/22/19  
Date

Gloria Zafaralla  
Primary Care Giver

3/22/19  
Date