

Foster Family Home - Corrective Action Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

Review ID: 1-120076-6

94-745 Kime Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/15/2019

Foster Family Home

Required Certificate

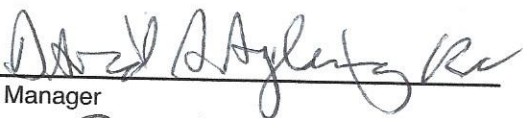
[11-800-6]

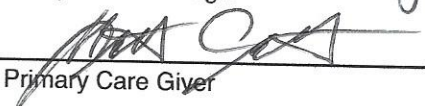
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 3/15/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

3/15/19
Date

3/15/19
Date