

Foster Family Home - Corrective Action Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-6

94-605 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

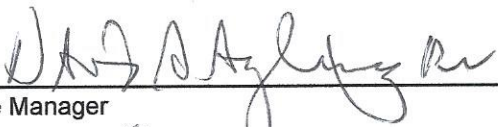
Begin Date: 6/24/2019

Foster Family Home **Required Certificate** **[11-800-6]**

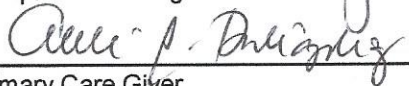
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

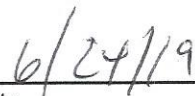
Home inspection for a 2 person CCFFH recertification made on 6/24/19.
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.



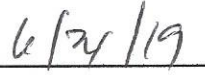
Compliance Manager



Primary Care Giver



Date



Date