

Foster Family Home - Corrective Action Report

Provider ID: 1-110028

Home Name: Cheryl Collado, CNA

Review ID: 1-110028-7

94-781 Meahale Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/29/2019

Foster Family Home

Required Certificate

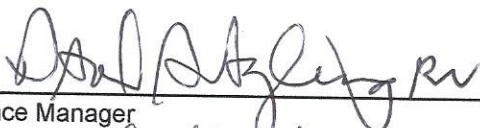
[11-800-6]

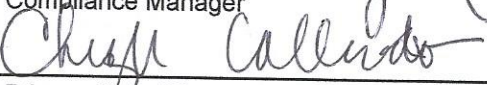
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/29/19.

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


Compliance Manager


Primary Care Giver

5/29/19
Date

5/29/19
Date