

# Foster Family Home - Corrective Action Report

Provider ID: 1-090100

Home Name: Fely Barayuga, CNA

Review ID: 1-090100-8

1808 Beckley Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 5/16/2019

Foster Family Home

Required Certificate


[11-800-6]

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

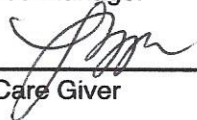
Comment:

Home inspection for a 3 person CCFFH recertification made on 5/16/19.

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

  
Compliance Manager

5/16/19  
Date

  
Primary Care Giver

5-16-19  
Date