

Foster Family Home - Corrective Action Report

Provider ID: 1-170042

Home Name: Jesusa Miguel, CNA

94-1066 Halelehua Street

Waipahu

HI 96797

Review ID: 1-170042-4

Reviewer: David Ayling

Begin Date: 5/30/2019

Foster Family Home

Required Certificate

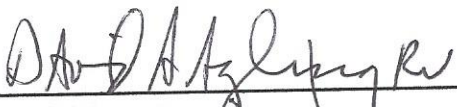
[11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/30/19.

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



Compliance Manager

5/30/19
Date



Primary Care Giver

5/30/19
Date