

# Foster Family Home - Corrective Action Report

Provider ID: 1-100075

Home Name: Divinagrace Ordonia, CNA

Review ID: 1-100075-9

91-1766 Lau'o Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 6/27/2019

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 6/27/19.

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

David Ayling RN  
Compliance Manager

Divinagrace Ordonia  
Primary Care Giver

6/27/19  
Date

6/27/19  
Date