

# Foster Family Home - Corrective Action Report

Provider ID: 1-190062

Home Name: Devan De Rego, CNA

Review ID: 1-190062-1

224 Lanialii Street

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 8/1/2019

Foster Family Home

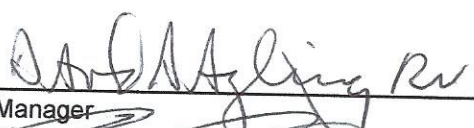
Required Certificate

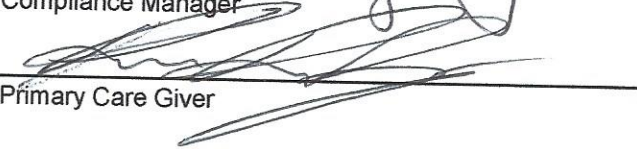
[11-800-6]

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

Comment:

Home inspection for a new 2 person CCFFH certification made on 8/1/19. 6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

8/1/19  
Date

8/1/19  
Date