

Foster Family Home - Corrective Action Report

Provider ID: 4-110017

Home Name: Estrelita Gairan, CNA

Review ID: 4-110017-7

440 Kea Street

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 3/16/2020

Foster Family Home


Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification.
PCG request a 1 year certification. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

3/16/2020
Date

3/16/2020
Date