

Foster Family Home - Corrective Action Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

94-339 Waipahu Street

Waipahu HI 96797

Review ID: 1-150027-6

Reviewer: David Ayling

Begin Date: 5/18/2020

Foster Family Home

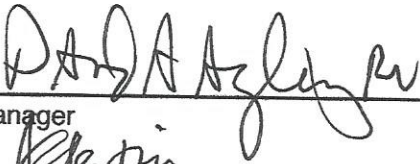
Required Certificate

[11-800-6]

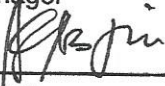
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

5/18/2020
Date

5/18/2020
Date