

Foster Family Home - Corrective Action Report

Provider ID: 1-090105

Home Name: Florence Gaygay, CNA

Review ID: 1-090105-7

1139 Ukana Street

Reviewer: Pamela Perry

Honolulu HI 96818

Begin Date: 4/22/2020

Foster Family Home

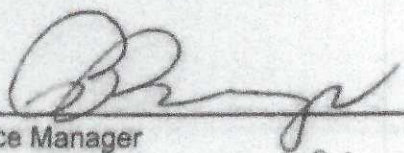
Required Certificate

[11-800-6]

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

Comment

6.(d)(1)- Home visit for a 3 person CCFFH recertification review made on 4/22/20. Home in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

4/22/20
Date

5/11/20
Date