

# Foster Family Home - Corrective Action Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-10

94-665 B Loaa Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/29/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced visit for a 3 person CCFFH. Home will receive a 3 bed certification.

David Ayling  
Compliance Manager

Adoracion Castillo  
Primary Care Giver

9/29/2020  
Date

9/29/2020  
Date