

Foster Family Home - Corrective Action Report

Provider ID: 1-560418

Home Name: Ana Liza De Guzman, CNA

Review ID: 1-560418-6

757 Hoopai Street

Reviewer: Julie Hastings

Pearl City

HI 96782

Begin Date: 5/15/2020

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 completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.

Julie A Hastings RN BSN
Compliance Manager

Ana Liza de Guzman
Primary Care Giver

5/15/20
Date

5/15/20
Date