

Foster Family Home - Corrective Action Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-7

94-605 Palai Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 6/26/2020

Foster Family Home Required Certificate [11-800-6]


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

Comment:

6.(d)(1)- Unannounced visit made for a 2 bed CCFFH Recertification investigation. Home in compliance with all regulations. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

6/26/20
Date

6/26/20
Date