

Foster Family Home - Corrective Action Report

Provider ID: 1-190010

Home Name: Alona Pagdilao, CNA

2103 Makaanani Drive

Honolulu HI 96817

Review ID: 1-190010-5

Reviewer: David Ayling

Begin Date: 12/14/2020

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 2 person CCFFH recertification. Home will receive a 2 bed certification

David Ayling
Compliance Manager

Alona Pagdilao
Primary Care Giver

12/14/2020
Date

12/14/2020
Date