

Foster Family Home - Corrective Action Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-9

94-556 Hiaku Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 9/16/2020

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.


Compliance Manager


Primary Care Giver


Date


Date