

Foster Family Home - Corrective Action Report

Provider ID: 1-562670

Home Name: Juanito Castanaga, CNA

Review ID: 1-562670-10

94-968 Lumimoe Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/14/2020

Foster Family Home

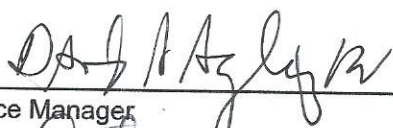
Required Certificate

[11-800-6]

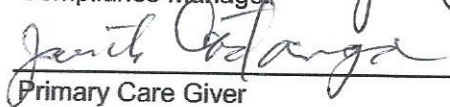
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced visit made today. Completed annual review. No deficiencies.


Compliance Manager

10/14/2020
Date


Primary Care Giver

10/14/2020
Date