

Foster Family Home - Corrective Action Report

Provider ID: 1-200053

Home Name: Liabelle Cadiz, RN

1500 Hooli Circle

Pearl City

HI 96782

Review ID: 1-200053-1

Reviewer: David Ayling

Begin Date: 11/5/2020

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

David A Ayling RN
Compliance Manager
Liabelle C Cadiz
Primary Care Giver

11/5/2020
Date
11/5/2020
Date