Foster Family Home - Corrective Action Report

Provider ID: **1-200052**

Home Name: **Miguela Zaluaga, CNA**

1348 17th Avenue

Honolulu HI 96816

Review ID: **1-200052-1**

Reviewer: David Ayling

Begin Date: 11/13/2020

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

11/13/2020

Date

Primary Care Giver

11-13-2020

Date