

Foster Family Home - Corrective Action Report

Provider ID: 1-210039

Home Name: Digna Galera, CNA

Review ID: 1-210039-1

98-874 Kaamilo Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 4/28/2021

Foster Family Home

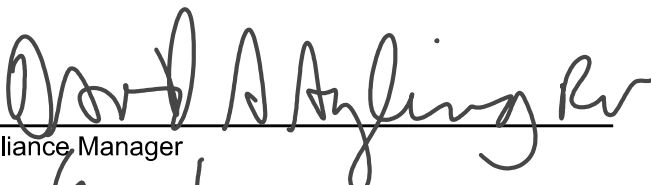
Required Certificate

[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. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

4/28/2021
Date

04/28/21
Date