

Foster Family Home - Corrective Action Report

Provider ID: 1-563793

Home Name: Estrella Casiano, CNA

Review ID: 1-563793-8

4313 Halupa Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 3/12/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

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

Compliance Manager

Date

Primary Care Giver

Date

David A. Ayling 3/12/2021
[Signature] 3/12/2021