

# Foster Family Home - Corrective Action Report

Provider ID: 1-210047

Home Name: Gianelli Gail Cagaoan, CNA

Review ID: 1-210047-1

94-568 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/14/2021

Foster Family Home

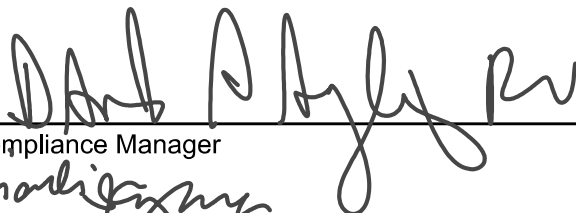
Required Certificate

[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.



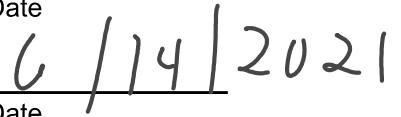
Compliance Manager



Primary Care Giver



Date



Date