

# Foster Family Home - Corrective Action Report

Provider ID: 1-110035

Home Name: Vincent Rayo, CNA

Review ID: 1-110035-9

2848 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/23/2021

Foster Family Home

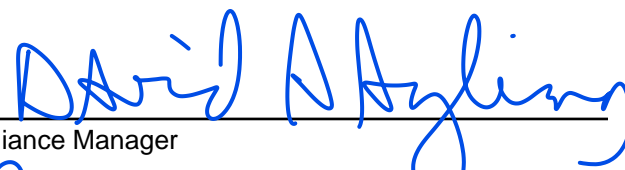
Required Certificate

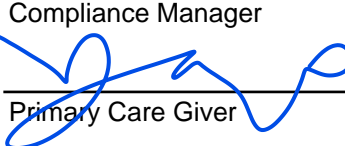
[11-800-6]

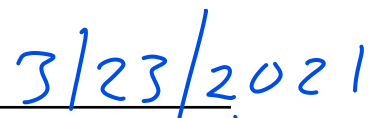
6.(d)(1) Comply with all applicable requirements in this chapter; and

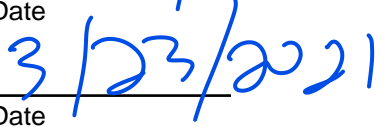
Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date