

Foster Family Home - Corrective Action Report

Provider ID: 1-100051

Home Name: Ligaya Dugay, CNA

Review ID: 1-100051-11

92-541 Pilipono Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

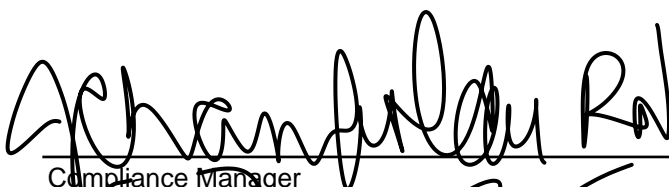
Begin Date: 6/30/2021

Foster Family Home **Required Certificate** **[11-800-6]**

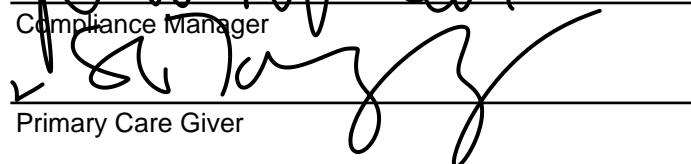
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

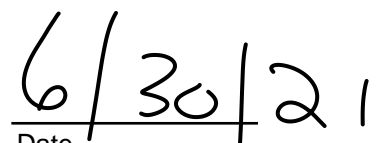
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



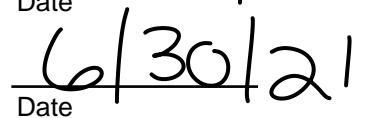
Compliance Manager



Primary Care Giver



Date



Date