

# Foster Family Home - Corrective Action Report

Provider ID: 1-561135

Home Name: Imelda Sausal, CNA

Review ID: 1-561135-4

94-791 Kaaka Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/31/2015

End Date: 9/1/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager



Primary Care Giver

8/31/2015  
Date

8/31/2015  
Date