

# Foster Family Home - Corrective Action Report

Provider ID: 1-623000

Home Name: Joanne Baysa, CNA

Review ID: 1-623000-3

94-1123 Halelehua Street

Reviewer:

Weipahu HI 96797

Begin Date: 6/19/2015

End Date: 6/19/15 6/25/2015

## Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 6/19/15.  
No corrective Action Report issued during home visit.  
6.(d)(1) - see applicable sections of the review

Compliance Manager

*[Signature]*  
Primary Care Giver

Date

6/25/15

Date

6/22/15

Date