

Foster Family Home - Corrective Action Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

Review ID: 1-130020-3

94-387 Kahuapaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/17/2015

End Date: 4/17/15

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 2 person recertification review made on 4/17/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date