

# Foster Family Home - Corrective Action Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

94-239 Pupukui Street

Waipahu

HI 96797

Review ID: 1-511487-4

Reviewer:

Begin Date: 6/12/2015

End Date: 6/12/15

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 3 person recertification review made on 6/12/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date