

Foster Family Home - Corrective Action Report

Provider ID: 1-100002

Home Name: Janet Sugui, CNA

1154 Iomea Place

Wahiawa

hi

96786

Review ID: 1-100002-3

Reviewer:

Begin Date: 1/12/2016

End Date:

1/12/16

Foster Family Home

Required Certificate

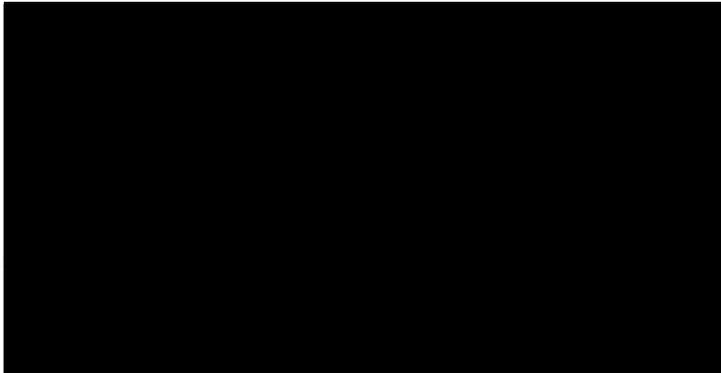
[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 1/12/16.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



1/12/16
Date

1/12/16
Date