

Jun 22 2015 5:08 PM

Foster Family Home - Corrective Action Report

Provider ID: 1-512104
 Home Name: Virginia Suniga, CNA
 91-1052 Kahuku Street
 Ewa Beach HI 96708
 Review ID: 1-512104-2
 Reviewer:
 Begin Date: 6/2/2015
 End Date: 7/2/2015

Foster Family Home Required Certificate [17-1454-8]

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

Comment:

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

[Redacted Signature]

Compliance Manager

Virginia Suniga
 Primary Care Giver

6/2/2015
 Date

6/2/2015
 Date