

# Foster Family Home - Corrective Action Report

Provider ID: ~~1-634362~~

Home Name: Angelita Sardena, CNA

Review ID: 1-634362-5

94-580 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 7/28/2016

End Date: 8/1/16

~~Foster Family Home~~ Required Certificate

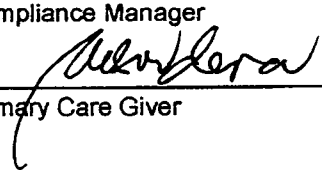
~~[17-1454-6]~~

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 7/28/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date