

Foster Family Home - Corrective Action Report

Provider ID: 5-510819

Home Name: Elisa Suniga, CNA

Review ID: 5-510819-7

6632 Kuhoho Street

Reviewer:

Kapaa HI 96746

Begin Date: 7/26/2016

End Date: 7/26/16

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

Compliance Manager

Elisa L. Suniga

Primary Care Giver

Date

7/26/16

Date