

Foster Family Home - Corrective Action Report

Provider ID: 1-120024

Home Name: Judith Sanchez, CNA

Review ID: 1-120024-3

16 A Cypress Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 7/19/2016

End Date: 7/19/16

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit for initial certification of a 2 bed home that is reopening following a period of closure. All requirements met at time of review. Home is eligible for 1 year 2 bed certificate.