

Foster Family Home - Corrective Action Report

Provider ID: 1-623000

Home Name: Joanne Baysa, CNA

Review ID: 1-623000-4

94-1123 Halelehua Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 5/9/2017

End Date: 5/10/2017

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 5/9/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Joanne Baysa

Primary Care Giver

Date

5/9/2017

Date