

Foster Family Home - Corrective Action Report

Provider ID: 1-512104

Home Name: Virginia Suniga, CNA

Review ID: 1-512104-3

91-1052 Kahiuka Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 6/2/2017

End Date: 6/2/17

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 2 person CCFFH recertification review made on 6/2/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Virginia Suniga
Primary Care Giver

Date

6/2/17
Date