

Foster Family Home - Corrective Action Report

Provider ID: 1-559180

Home Name: Janet Sion, CNA

Review ID: 1-559180-5

4222 Likini Street

Reviewer: Carrie Wakai

Honolulu HI 96818

Begin Date: 6/21/2017

End Date: 6/21/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1.-Home visit made for a 3 bed recertification survey. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Carrie Wakai
Compliance Manager

Janet Sion
Primary Care Giver

6/21/17
Date

6/21/17
Date