

Foster Family Home - Corrective Action Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

Review ID: 1-130020-5

94-387 Kahuapaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/10/2017

End Date: 4/10/17

Foster Family Home

Required Certificate

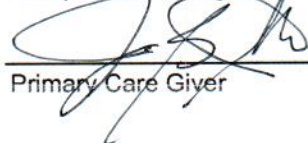
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 4/10/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

4/10/17

Date