

Foster Family Home - Corrective Action Report

Provider ID: 1-120009

Home Name: Sherry Bayangos, CNA

Review ID: 1-120009-7

142 Circle Drive

Reviewer: Sue Lo

Wahiawa HI 96786

Begin Date: 4/4/2017

End Date: 4/5/2017

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 4/4/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Sherry Bayangos
SHERRY ROSE BAYANGOS

Primary Care Giver

Date

04/04/2017

Date