

# Foster Family Home - Corrective Action Report

Provider ID: 1-564452

Home Name: Zenaida Sumagit, CNA

Review ID: 1-564452-5

226 Rose Street #B

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 10/9/2017

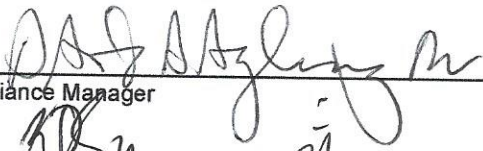
End Date: 10/9/17

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 10/9/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

  
\_\_\_\_\_  
Compliance Manager

10/9/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

10/9/17  
\_\_\_\_\_  
Date