

# Foster Family Home - Corrective Action Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

Review ID: 1-511487-6

94-239 Pupukui Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/25/2018

End Date: 6/27/2018

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 client CCFFH recertification survey. Home was in compliance with all requirements.

Carrie Wakai  
Compliance Manager

6/25/18  
Date

Esunajo  
Primary Care Giver

6/25/18  
Date