

Foster Family Home - Corrective Action Report

Provider ID: 5-510819

Home Name: Elisa Suniga, CNA

Review ID: 5-510819-10

4860-A Nonou Road

Reviewer: David Ayling

Kapaa HI 96746

Begin Date: 8/13/2018

End Date: 8/13/18

Foster Family Home

Required Certificate


[17-1454-6]

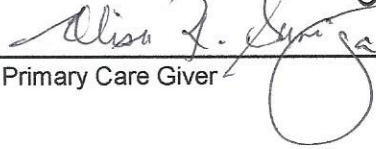
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFH recertification review made on 8/13/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

Date

Date

8/13/18