

Foster Family Home - Corrective Action Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

Review ID: 1-160001-4

41-532 Inoaole Street

Reviewer: David Ayling

Waimanalo

HI 96795

Begin Date: 12/27/2018

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 12/27/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling
Compliance Manager

12/27/18
Date

[Signature]
Primary Care Giver

12/27/18
Date