

Foster Family Home - Corrective Action Report

Provider ID: 1-170035

Home Name: Christy Soriano, NA

94-296 Kahualena Street

Waipahu

HI 96797

Review ID: 1-170035-3

Reviewer: David Ayling

Begin Date: 5/9/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/9/19.

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



Compliance Manager

5/9/19
Date



Primary Care Giver

5/9/19
Date

5/10/2019 4:40 AM