

Foster Family Home - Corrective Action Report

Provider ID: 1-586670

Home Name: Antonette Sarmiento, CNA

Review ID: 1-586670-7

1453 Uila Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 1/22/2020

Foster Family Home

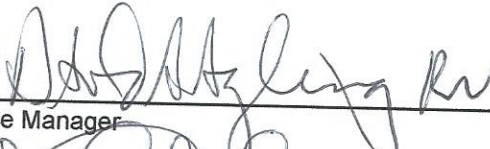
Required Certificate

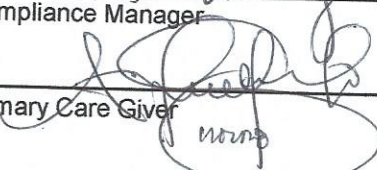
[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.
Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

1/22/20
Date

01/22/2020
Date