

Foster Family Home - Corrective Action Report

Provider ID: 1-581779

Home Name: Karen Asuncion, CNA

Review ID: 1-581779-6

1815 Akina Street

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 2/20/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home visit for a 3 person CCFH recertification. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

2/20/20
Date

2/20/20
Date