

Foster Family Home - Corrective Action Report

Provider ID: 1-180003

Home Name: Donna Shane Bagay, NA

Review ID: 1-180003-4

91-1000 Aea Street

Reviewer: Julie Hastings

Ewa Beach HI 96706

Begin Date: 5/1/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.
Home is in compliance with all reviewed HARS

Compliance Manager

Primary Care Giver

Date

Date