

Foster Family Home - Corrective Action Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-5

706 Hooluu Street

Reviewer: Julie Hastings

Pearl City HI 96782

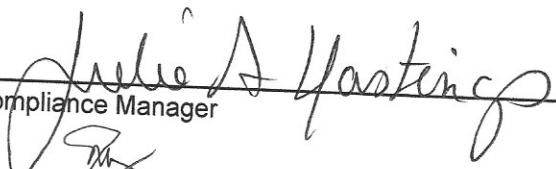
Begin Date: 4/30/2020

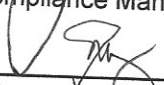
Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

4/30/20
Date

4/30/20
Date