

# Foster Family Home - Corrective Action Report

Provider ID: 1-180069

Home Name: Almira Shibata, NA

94-402 Hamau Street

Waipahu HI 96797

Review ID: 1-180069-5

Reviewer: Julie Hastings

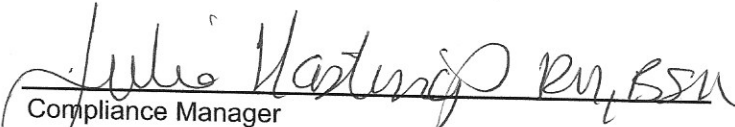
Begin Date: 7/25/2020


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

7/25/2020  
Date

7/25/2020  
Date