

Foster Family Home - Corrective Action Report

Provider ID: 1-110028

Home Name: Cheryl Collado, CNA

Review ID: 1-110028-8

94-781 Meahale Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 6/18/2020

Foster Family Home


Required Certificate


[11-800-6]

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

Comment:

6.(d)(1)- Unannounced visit made to 2 bed CCFFH on 6/25/20 for an Annual Inspection. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

6/18/20
Date

6-18-20
Date