

Foster Family Home - Corrective Action Report

Provider ID: 1-120060

Home Name: Edsa Almazan, CNA

Review ID: 1-120060-7

94-295 Loaa Street

Reviewer: Julie Hastings

Waipahu HI 96797

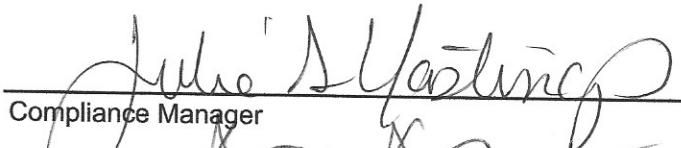
Begin Date: 7/17/2020

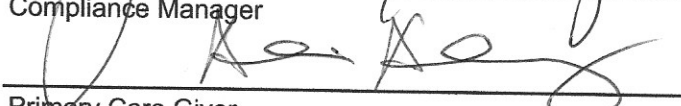
Foster Family Home Required Certificate [11-800-6]

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