

Foster Family Home - Corrective Action Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

94-904 Kuakahi Street

Waipahu HI 96797

Review ID: 1-160073-6

Reviewer: Julie Hastings

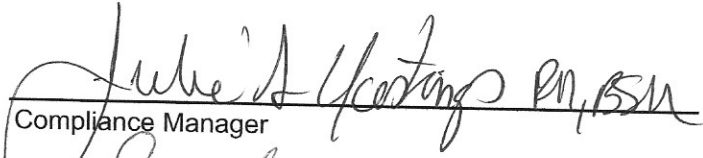
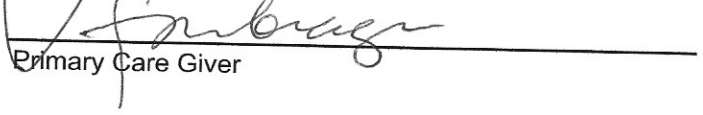
Begin Date: 7/25/2020

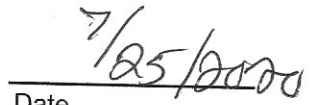
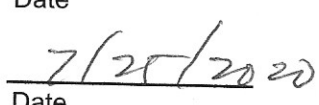
Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.
Home is in compliance with all reviewed HARS


Compliance Manager

Primary Care Giver


Date

Date