

Foster Family Home - Corrective Action Report

Provider ID: 2-560046

Home Name: Helen Sembran, CNA

Review ID: 2-560046-7

95-5568 Kilika Street

Reviewer: Terri Van Houten

Naalehu HI 96772

Begin Date: 8/20/2020

Foster Family Home

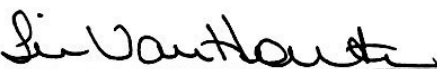
Required Certificate

[11-800-6]

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

Comment:

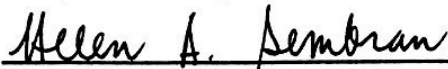
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

8/19/2020

Date



Primary Care Giver

8/19/2020

Date