

Foster Family Home - Corrective Action Report

Provider ID: 1-160061

Home Name: Juvy Perez, CNA

Review ID: 1-160061-8

94-1003 Kuakolu Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 7/24/2020

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

Julie Hastings Compliance Manager Date 7/24/2020
Aurea I. Alvarez Primary Care Giver Date 7/24/20