

Foster Family Home - Corrective Action Report

Provider ID: 1-150028

Home Name: Analyn Perez Guzman, NA

Review ID: 1-150028-6

94-150 Kupuohi Place

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 4/21/2020

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


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

Comment:

6.(d)(1)- Home visit for 2 person CCFFH recertification review made on 4/21/2020. Home in compliance with all requirements. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

4/21/20
Date

5/10/20
Date