

Foster Family Home - Corrective Action Report

Provider ID: 1-210003

Home Name: Annabelle Hung, CNA

1193 Ala Napunani Street

Honolulu HI 96818

Review ID: 1-210003-1

Reviewer: David Ayling

Begin Date: 1/11/2021

Foster Family Home

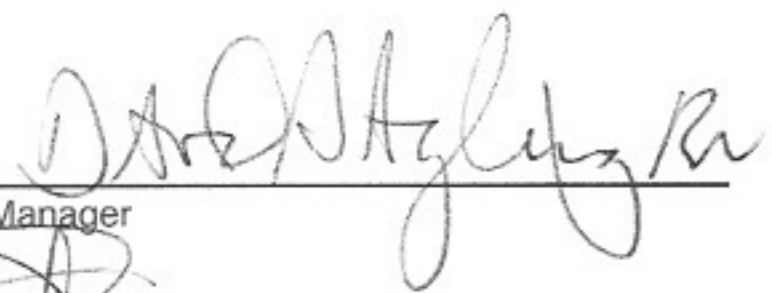
Required Certificate

[11-800-6]


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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.


Compliance Manager

1/11/2021
Date


Primary Care Giver

1/11/2021
Date