

Foster Family Home - Corrective Action Report

Provider ID: 1-130051

Home Name: Elizabeth Soriano, NA

Review ID: 1-130051-8

91-812 Aaha Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/5/2020

Foster Family Home

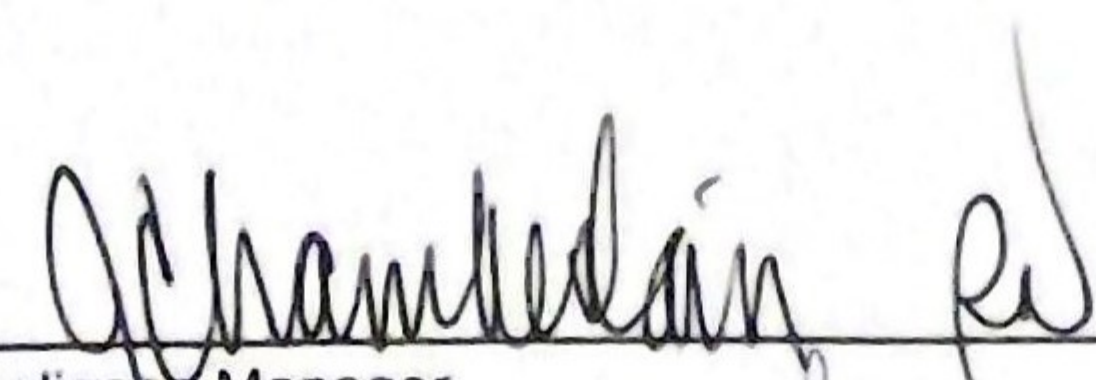
Required Certificate

[11-800-6]

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

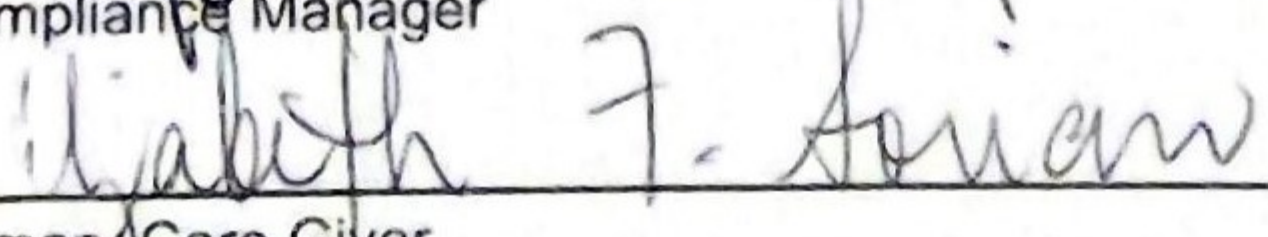
Comment:

6(d)(1) Home inspection made for a 2 bed annual inspection. Home met all compliance requirements at the time of the home inspection. No corrective action required



Compliance Manager

10/06/2020
Date



Primary Care Giver

10-6-2020
Date