

Foster Family Home - Corrective Action Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

Review ID: 1-511487-7

94-239 Pupukui Street

Reviewer: Julie Hastings

Waipahu HI 96797

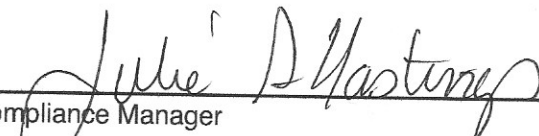
Begin Date: 5/21/2020

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 inspection completed for a 3 person CCFFH recertification.
-Home increasing to a 3 client home. Home is in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager

5/21/20

Date



Primary Care Giver

5/21/20

Date