

Foster Family Home - Corrective Action Report

Provider ID: 1-160084

Home Name: Hazeline Taban, CNA

Review ID: 1-160084-8

94-917 Kuhaulua Street, A

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/30/2020

Foster Family Home

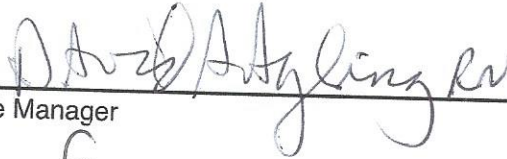
Required Certificate

[11-800-6]


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

Comment:

6.d.1 Annual unannounced visit made today. Completed annual review. No deficiencies.



Compliance Manager



Primary Care Giver

9/30/2020
Date

9/30/2020
Date