

Foster Family Home - Corrective Action Report

Provider ID: 1-120014

Home Name: James Wilson Jr, LPN

Review ID: 1-120014-8

91-992 Papapuhi Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 6/8/2020

Foster Family Home

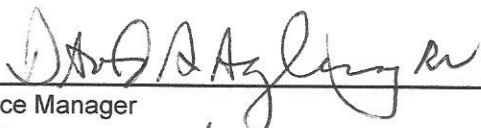
Required Certificate

[11-800-6]

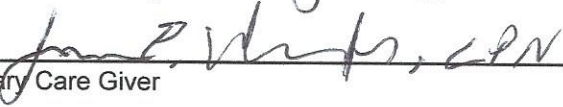
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.
Home will receive a 2 bed certification.


Compliance Manager

6/8/2020
Date


Primary Care Giver

6/8/2020
Date