

Foster Family Home - Corrective Action Report

Provider ID: 1-559180

Home Name: Janet Sion, NA

Review ID: 1-559180-7

4222 Likini Street

Reviewer: Pamela Perry

Honolulu

HI 96818

Begin Date: 6/26/2020

Foster Family Home


Required Certificate

[11-800-6]

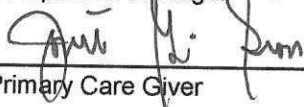
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Unannounced visit made on 6/26/2020 for a 2 bed CCFFH Recertification inspection. Home in compliance with all regulations. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

6/26/20
Date

6/26/20
Date