

Foster Family Home - Corrective Action Report

Provider ID: 1-200047

Home Name: Jenny Ponciano, RN

Review ID: 1-200047-1

94-1132 Lumiauau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/26/2020

Foster Family Home

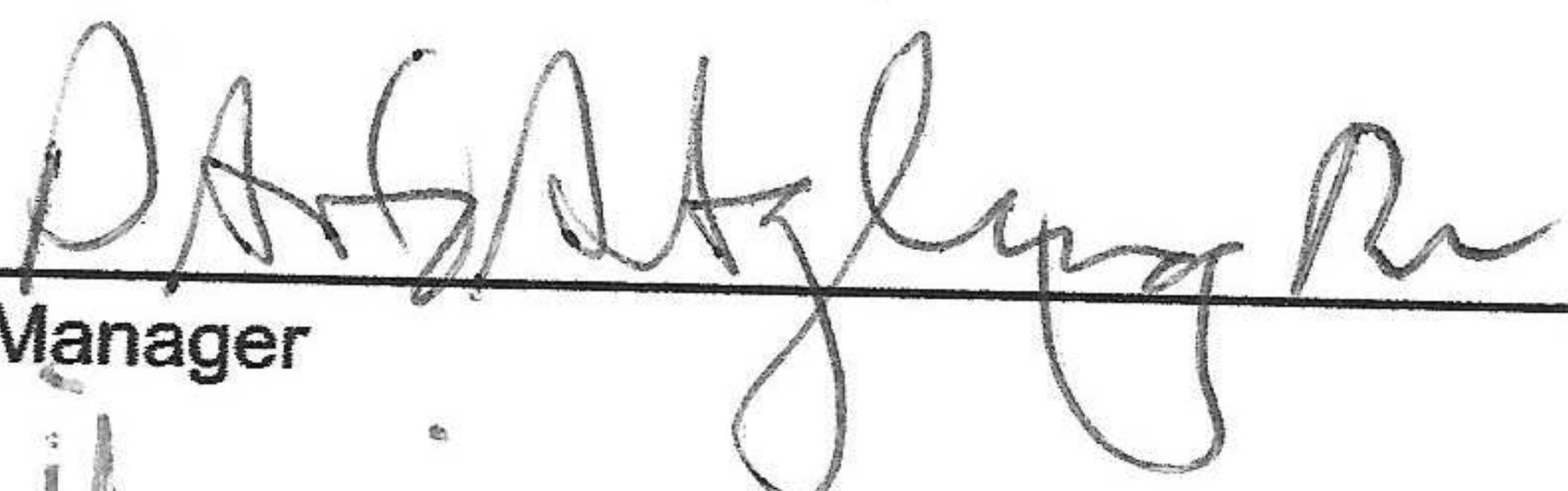
Required Certificate

[11-800-6]

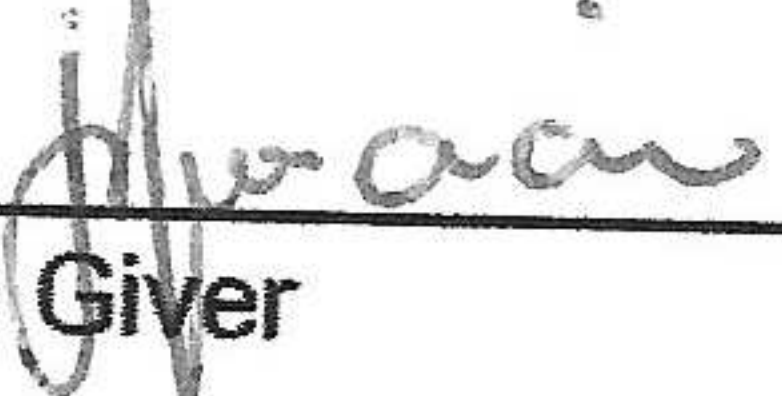
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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


Compliance Manager

10/26/2020
Date


Primary Care Giver

10/26/2020
Date