

Foster Family Home - Corrective Action Report

Provider ID: 1-623000

Home Name: Joanne Baysa, CNA

Review ID: 1-623000-6

94-1123 Halelehua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/7/2020

Foster Family Home

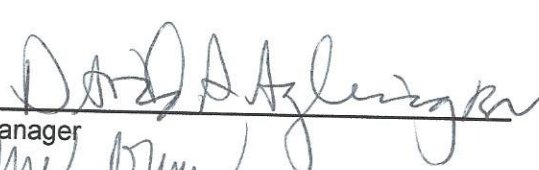
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

5/7/2020
Date

5/7/20
Date