

Foster Family Home - Corrective Action Report

Home Name: Juanita Sagon, CNA

Review ID: 1-560450-6

94-429 Hiapaiaie Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/4/2020

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

Comment

6.(d)(1)- Annual visit to a 2 person CCFFH completed. No deficiencies found

Maribel Nakamine, M

Compliance Manager

6/4/2020
Date

Juanita Sagon

Primary Care Giver

6/4/20
Date