Foster Family Home - Corrective Action Report

Provider ID:	**1-582785**		
Home Name:	**Rowena Sales, CNA**	**Review ID:**	**1-582785-11**
3554 Likini Street		Reviewer:	David Ayling
Honolulu HI 96818		Begin Date:	8/28/2020

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 2 person CCFFH recertification.
Home will receive a 3 bed certification.

DAD Ayling RN
Compliance Manager

8/28/2020
Date

Rowena C. Sales
Primary Care Giver

8/28/2020
Date

8/27/2020 21:54 PM