Foster Family Home - Corrective Action Report

Provider ID: 1-622309

Home Name: Sherry-Anne Viernes, RN

94-117 Kaupu Place

Waipahu HI 96797

Review ID: 1-622309-5

Reviewer: Pamela Perry

Begin Date: 4/22/2020

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 visit for a 2 person CCFFH recertification review made on 4/22/2020. Home in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager — Date: 4/22/20

Primary Care Giver — Date: 5/7/2020

5/6/2020 10:36 AM