

Foster Family Home - Corrective Action Report

Provider ID: 1-170035

Home Name: Christy Soriano, NA

Review ID: 1-170035-6

94-296 Kahualena Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 5/19/2021

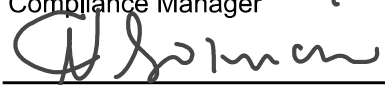
Foster Family Home **Required Certificate** **[11-800-6]**

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

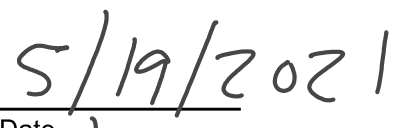
Comment:

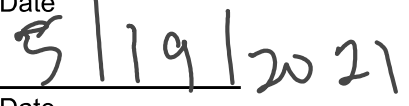
6.(d)(1) - Annual unannounced inspection for a 2 person CCFFH. All requirements were met at the time of inspection.



Compliance Manager


Primary Care Giver



Date


Date