

# Foster Family Home - Corrective Action Report

Provider ID: 1-582917

Home Name: Gloria Sablay, CNA

Review ID: 1-582917-8

94-1038 Pupuhi Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 3/19/2021


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

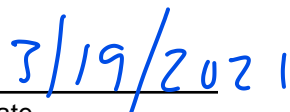
6.(d)(1)      Comply with all applicable requirements in this chapter; and

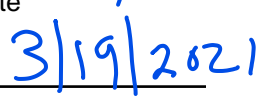
Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date