

Foster Family Home - Corrective Action Report

Provider ID: 1-100002

Home Name: Janet Sugui, CNA

Review ID: 1-100002-8

1154 Iomea Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 1/11/2021

Foster Family Home

Required Certificate

[11-800-6]

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

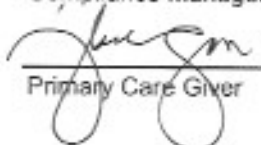
Comment:

Recertification inspection for a 3 person CCFFH completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

1/11/2021

Date

1/11/2021

Date